

Case Number:	CM14-0018754		
Date Assigned:	02/21/2014	Date of Injury:	11/22/2011
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 34-year-old male who has submitted a claim for lumbar disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, and myalgia and myositis associated with an industrial injury date of November 22, 2011. Medical records from 2013-2014 were reviewed. The patient complained of low back pain. The pain radiates to the left lower extremity. The pain was described as aching and lancinating. It was exacerbated by increased activity and lifting of objects. Physical examination showed the patient's gait was antalgic, dragging the left leg behind him. There was a hint of weakness in the left anterior tibialis off to the left hand side. MRI of the lumbar spine, dated February 6, 2014, revealed status mildine laminotomy at L4-L5 unchanged with mild annular disc bulge and small left paracentral/lateral disc protrusion, slight posterior displacement of the proximal left L5 nerve root improved; and small protrusion of the L5-S1 intervertebral disc on the right far laterally with an L5 marginal osteophyte resulting in mild right neural foraminal narrowing, unchanged. Treatment to date has included medications, physical therapy, home exercise program, activity modification, lumbar microdiscectomy, lumbar facet injections, and lumbar decompression. Utilization review, dated February 6, 2014, denied the request for vascutherm DVT prophylaxis with intermittent limb therapy rental x 30 days because there was limited indication in the submitted medical records that the patient was a high risk for venous thrombosis to support the need for the DVT unit. There was also no information that it was superior to oral prophylaxis/ASA therapy and/or compression garments such as stockings.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

VASCUTHERM DVT PROPHYLAXIS WITH INTERMITTENT LIMB THERAPY RENTAL FOR THIRTY DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter, Compression garments; Continuous-flow cryotherapy, and Specialized Orthopedic Solutions, VascuTherm <http://www.sosmedical.net/products/featured-products/vascutherm/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter, Compression garments; Continuous-flow cryotherapy Other Medical Treatment Guideline or Medical Evidence: Specialized Orthopedic Solutions, VascuTherm <http://www.sosmedical.net/products/featured-products/vascutherm/>.

Decision rationale: An online search shows that VascuTherm provides heat, cold, compression, and DVT prophylaxis therapy. It is indicated for pain, edema, and DVT prophylaxis for the post-operative orthopedic patient. CA MTUS does not specifically address VascuTherm DVT prophylaxis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends the use of compression garments; however, there is little known about dosimetry in compression, for how long and at what level compression should be applied. Also, continuous flow cryotherapy is recommended as an option after surgery up to 7 days. In this case, the patient was approved for anterior lumbar interbody fusion from L4 through S1. It was not known if the surgery has taken place. There was no documentation that the patient will be unable to walk or have limited mobility for a prolonged period to necessitate DVT prophylaxis combined with heat and cold therapy. The medical records also do not identify the patient as being high risk for DVT. Also, the requested duration exceeds guideline recommendations of 7 days. Therefore, the request for VASCUTHERM DVT PROPHYLAXIS WITH INTERMITTENT LIMB THERAPY RENTAL FOR THIRTY DAYS is not medically necessary.