

Case Number:	CM14-0120248		
Date Assigned:	08/06/2014	Date of Injury:	04/10/2012
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 Surgeon and is licensed to practice in Arizona. 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:

This is a 40-year-old male who sustained an injury on 4/10/2012 as result of a slip and fall. The patient underwent a L5-S1 decompression on 7/9/2013 which provided him with no relief of his symptoms. An MRI scan dated 5/14/2014 revealed progressive disc space narrowing at L5-S1 which caused spinal stenosis with lateral recess stenosis involving the S1 nerve root on the left. The MRI scan plus his continuing symptoms led to a trans-foraminal and posterior lumbar fusion at L5-S1 with instrumentation. A request was made prior to the fusion for the rental of VascuTherm units to be used for 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm one unit 21 day rental for the lumbar spine: 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), Low Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Compression Cryotherapy

Decision rationale: The VascuTherm unit provides compression, cold, and heat therapy to the lower extremity. The brochure accompanying the units states it is indicated for edema, lymphedema, arterial insufficiency, and pain. It is used for deep venous thrombosis (DVT) prophylaxis as well. The ODG references compression cryotherapy with regards to acute injuries to the knee and post-op knee surgery. It also discusses DVT prophylaxis following knee and hip surgery. For patients with a high risk of bleeding, they recommend intermittent pneumatic compression devices for both legs. There is no medical evidence that a unit which provides compression, heat, and cold therapy is any better than a simple intermittent pneumatic compression device for DVT prophylaxis in patients with a high risk of bleeding. In addition, when treating patients for DVT prophylaxis with compression devices, the device is applied to both legs. Therefore, the medical necessity for a VascuTherm unit has not been established.