

Case Number:	CM14-0164882		
Date Assigned:	10/09/2014	Date of Injury:	01/21/2013
Decision Date:	11/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 injured worker is a 43-year-old male janitor with a date of injury of January 21, 2013. Injury occurred when he tried to lift a container weighing about 50 pounds from the floor, and felt sharp pain in his back, right shoulder, and abdomen. He was diagnosed with an umbilical hernia. Past medical history was positive for hypertension. Past surgical history was positive for right shoulder arthroscopic extensive debridement and subacromial decompression in August 2013. The May 17, 2014 lumbar magnetic resonance imaging scan impression documented multilevel degenerative joint disease, disc desiccation at L4/5 and L5/S1, and straightening of the lumbar lordotic curve. There was a broad based disc protrusion at L4/5 indenting the thecal sac and bilateral neuroforaminal stenosis. At L5/S1, there was a broad-based disc protrusion indenting the thecal sac with neuroforaminal stenosis contacting the left L5 exiting nerve root. The injured worker failed conservative treatment and underwent L5/S1 lumbar fusion on August 28, 2014. The September 24, 2014 utilization review denied the post-operative request for 28-day rental of the VacuTherm 4 system as there was no documented condition predisposing the injured worker to increased risk of deep vein thrombosis or increased bleeding risk. Additionally, there was no guideline support for a combined hot/cold/compression and deep vein thrombosis prevention unit for injured workers with low back conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: VacuTherm 4 system/garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 160-163. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Venous Thrombosis

Decision rationale: The evidence based guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. The use of hot or cold packs is typically supported. The evidence based guidelines do not mention deep vein thrombosis prophylaxis. The Official Disability Guidelines (ODG) generally recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are limited deep vein thrombosis risk factors identified for this injured worker. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. There is no evidence to support the medical necessity of a hot/cold therapy unit over standard hot/cold packs. Therefore, this request is not medically necessary.