

Case Number:	CM14-0031168		
Date Assigned:	05/02/2014	Date of Injury:	03/03/2011
Decision Date:	06/09/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 42 year old male who reported an injury on 11/14/2010. The mechanism of injury was lifting/moving heavy boxes. He received physical therapy of unknown duration initially, and had an EMG in 2012. His diagnoses include cervical spondylosis with cervical radiculopathy. He had a decompression and neuroplasty at C3, C4, C5, C6, and C7 bilaterally with medial branch blocks to facet joints at C3-4, C4-5, C5-6, and C6-7. The most recent clinical note dated 11/29/2013 noted that the patient did not report difficulty or inability in performing activities of daily living. As of 08/29/2013, the patient had not reached maximum medical improvement and is therefore, not permanent and stationary. He is currently working full duty and is on medication and home exercise programs.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF VASCUTHERM FOR 21 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (s) 337-339. Decision based on Non-MTUS Citation ODG, Knee Chapter.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the use of a Vasotherm device by this individual for 21 days would not be indicated. While the ACOEM Guidelines support the topical use of cold therapy in the initial setting of an inflammatory process, the Official Disability Guidelines only recommend the use of Vasotherm or cryotherapy devices for up to seven days in the postoperative setting. Therefore, the use of this device for 21 days would exceed the recommended guidelines and would not be medically necessary.