

Case Number:	CM14-0032264		
Date Assigned:	06/20/2014	Date of Injury:	11/20/2012
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 and 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 54-year-old female with a reported injury on 11/20/2012. The mechanism of injury was not provided within clinical notes. The clinical note dated 05/05/2014 reported that the injured worker complained of right buttocks pain radiating down the right posterior thigh through the calf. The physical examination was negative for any significant abnormalities. It was reported the injured worker had a straight leg raise positive to the right at 30 degrees and negative on the left at 90 degrees. The injured worker's prescribed medication list include Protonix, Motrin, Percocet, Bactrim DS, oxycodone, Zofran, Medrol dosepak, and Restoril. The injured worker's diagnoses included status post L4-5 laminectomy, foraminotomy, and psis posterior lumbar interbody fusion on 04/23/2014, right leg radiculopathy, and spondylolisthesis of the L4 on L5. The provider requested a cold therapy unit with a 30 day rental and pneumatic intermittent compression device. The rationales were not provided. The Request for Authorization was submitted on 03/10/2014. The injured worker's previous treatments were not provided within clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNEUMATIC INTERMITTENT COMPRESSION DEVICE, QTY: 1.00: 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- Venous thrombosis.

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, Vasopneumatic devices (wound healing).

Decision rationale: The injured worker complained of right leg pain. The treating physician's rationale for pneumatic intermittent compression was not provided within clinical notes. The Official Disability Guidelines (ODG) recommends vasopneumatic devices (wound healing) as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. It is noted that the injured worker complained of worsening right leg pain; however, there is a lack of clinical evidence indicating that the injured worker had swelling, bruising, or edema to the effected extremity. There is a lack of clinical information indicating the specific rationale for the use of a vasopneumatic device. Furthermore, the injured worker's lower extremity motor strength was 5/5 bilaterally. It is also noted that per examination, the injured worker's dorsalis pedis and posterior tibial pulse were present bilaterally. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity. As such, the request is not certified.

COLD THERAPY UNIT THIRTY (30) DAYS RENTAL, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Cold/heat packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous-flow cryotherapy.

Decision rationale: The injured worker complained of right leg pain. The treating physician's rationale for a cold therapy unit was not provided within clinical notes. The Official Disability Guidelines (ODG) recommends continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to seven days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. It is noted that the injured worker is status post L4-5 laminectomy, foraminotomy, and posterior lumbar interbody fusion performed on 04/23/2014. The guidelines recommend cold therapy postoperative use up to 7 days, including home use. There is a lack of clinical information indicating that the injured worker utilized cold therapy postoperatively. There is a lack of clinical information provided documenting the efficacy of cold therapy as evidenced by decreased pain, decreased swelling, decreased bruising, and insignificant objective functional improvement. Furthermore, the treating physician's request for a thirty (30) days trial exceeds the guidelines recommended. Therefore, the request is not certified.

