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| Case Number: | CM14-0043680 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/09/2013 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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 Physical Medicine and Rehabilitation 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 injured worker is a 42-year-old male with a reported date of injury on 05/09/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post L5-S1 global arthrodesis, status post L5-S1 laminectomy/discectomy for large extruded fragment, right L5-S1 radiculopathy secondary to persistent nerve root entrapment and fibrosis, depression, and anxiety. His previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 04/09/2014 revealed the provider indicated the prescribed use of cold compression with deep vein thrombosis prophylaxis as part of his postoperative healing protocol. The provider indicated the injured worker was at high risk for developing deep vein thrombosis and the pneumatic compression would reduce the risk of pulmonary embolism. The progress note dated 06/13/2014 revealed the injured worker complained he felt like his left great toe and left 2nd toe had tape wrapped around it. He complained of cramping in the right calf and numbness to the right dorsal lateral thigh, calf, ankle, and dorsum of the right foot. His pain varied between his legs and back, but he was improving. The physical examination of the lower back revealed the incision was well healed without erythema or drainage and the standing range of motion was 45 degrees. The seated straight leg raise was negative and there was diminished right heel walking, toe walking, and heel to toe raising. The knee bending was normal and the deep tendon reflexes were noted knees to 2, right ankle was trace to absent, and left ankle was 1 to 2. The sensory examination showed right dorsolateral foot and calf to the L5-S1 distribution. The motor examination was rated 4/5 to the right extensor hallucis longus, ankle eversion/inversion, and anterior tibialis. The mechanism of injury was not submitted within the medical records. The request is for durable medical equipment: VascuTherm unit to aid in deep vein thrombosis prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Vascutherm Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chapter-Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Low Back, Cold/Heat packs, Knee and Leg, Compression garments.

Decision rationale: The request for DME: VascuTherm unit is not medically necessary. The injured worker had surgery 04/10/2014. The Official Disability Guidelines recommend as an option for acute pain, cold/heat packs. At home local applications of cold packs are appropriate for the first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low level heat wrap therapy is superior to acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low back pain is more limited than heat therapy, only with 3 poor quality studies that support its use, but studies confirm that it may be a low risk, low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. The Official Disability Guidelines recommend compression garments for the use of varicose veins in pregnancy, the prevention of edema, and deep vein thrombosis. High levels of compression produced by bandaging and strong compression stockings are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome, as well as the management of lymphedema. The provider indicated in the documentation the VascuTherm unit was to be used postoperatively and the surgery was performed 04/2014 and therefore the VascuTherm unit is not warranted postoperatively. Additionally, the request failed to provide whether the unit was for rental or purchase. Therefore, the request is not medically necessary.