

<b>Case Number:</b>	CM14-0055384		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/10/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 & 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:

According to the records made available for review, this is a 53-year-old female with a 11/10/13 date of injury. At the time (2/4/14) of request for authorization for ThermaCooling System (Hot/Cold Compression) with Water Circulating Wrap, there is documentation of subjective (moderate to severe intermittent upper back pain and persistent low back pain) and objective (tenderness with spasm of the suboccipitalis, upper trapezius, and bilateral rhomboid muscles) findings, current diagnoses (cervical radiculopathy, cervical neuropathy, cervical spine disc protrusion, cervical spine anterolisthesis, cervical spondylosis, and cervical spine myospasms), and treatment to date (medications, chiropractic therapy, acupuncture, and physical therapy). Medical report identifies a request for Vacutherm 4 DVT System. There is no documentation that the patient is at a high risk of developing venous thrombosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ThermaCooling System (Hot/Cold Compression) with Water Circulating Wrap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back chapter.

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

care (cold therapy unit); Venous thrombosis Other Medical Treatment Guideline or Medical Evidence:(<http://www.sosmedical.net/products/featured-products/vascutherm/>).

**Decision rationale:** An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of cervical radiculopathy, cervical neuropathy, cervical spine disc protrusion, cervical spine anterolisthesis, cervical spondylosis, and cervical spine myospasms. In addition, there is documentation of a request for Vacutherm 4 DVT System. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for ThermaCooling System (Hot/Cold Compression) with Water Circulating Wrap is not medically necessary.