

Case Number:	CM14-0061356		
Date Assigned:	07/09/2014	Date of Injury:	02/28/2012
Decision Date:	12/30/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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:

This is a 64 year old male with a 2/28/12 injury date. In a 4/16/14 UR decision, the patient was approved to undergo C4-7 anterior cervical discectomy and fusion (ACDF). However, the associated request for cryotherapy and deep vein thrombosis (DVT) unit was denied. In a 4/2/14 note, the patient complained of continued neck pain and upper and lower extremity radicular symptoms. The provider indicated that the patient had ongoing neuropathic and myelopathic symptoms. Objective findings included positive Romberg sign, normal tone, and no hyperreflexia. A previous cervical MRI revealed multilevel cervical spondylosis and stenosis from C3-7 with no evidence of cord signal changes. Diagnostic impression: cervical radiculopathy, spondylosis, stenosis. The treatment to date includes medications, and physical therapy. A UR decision on 4/16/14 denied the request for TEC system iceless cold therapy unit with (deep vein thrombosis) DVT and wrap because there was no discussion about why the patient could not use lower tech applications of cryotherapy, or a discussion about why the patient required the use of a DVT unit. There was no evidence that the patient was at risk for DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEC System Iceless Cold Therapy Unit with DVT & Wrap x 14 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Continuous-Flow Cryotherapy Section

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

Decision rationale: The CA MTUS does not address this issue. Regarding the cold therapy unit, the ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment. Post-operative use generally may be up to 7 days, including home use. Regarding the DVT device, the ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. However, the ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for DVT, and the proposed surgery is not associated with high risk for DVT. Therefore, the request for TEC system iceless cold therapy unit with DVT and wrap x 14 days is not medically necessary.