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| Case Number: | CM14-0070835 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 07/30/2010 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 05/16/2014 |

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 Georgia. 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 57 year old male who was injured on 07/30/2010. His injury is described as a continuous trauma. He has been treated conservatively with physical therapy and lumbar epidural steroid injection. He has had a cervical disc replaced; arthroscopy of left shoulder in 2010. Office visit dated 04/17/2014 stated the patient presented for surgical clearance for cervical fusion. The patient stated he had chronic neck pain radiating down both arms and legs with feeling of numbness in both hands and both feet. The patient ambulated with a cane and his pain intensified with movement. On exam, the bilateral upper extremities revealed weak hand grip and straight leg raise was positive to the bilateral lower extremity. He was diagnosed with lumbar radiculopathy, bilateral shoulder pain, and neuralgia/neuritis. According to UR, progress note dated 04/21/2014 which is not available for review, indicated the patient was scheduled for ACDF and fusion at C3-C4 on 04/24/2014. A request was placed forfor Q-tech Cold therapy system with wrap; Q-tech DVT prevention system (post surgery for home use) up to 35 days rental-cervical spine. Prior utilization review dated 05/06/2014 states the request for Q-Tech Cold Therapy Recovery System with Wrap for up to35 days, Q-Tech DVT Prevention System (Post surgery for Home use) for use after surgery for up to 35 days. Stated treatment goals included reduction or elimination of pain, reduction or elimination of edema, imprpovement of activities of daily living, improvement in range of motion, and protection of surgical repair. Rental was denied as there were no established risk factors for DVT, and "no rational identifying why a cryotherapy unit would be insufficient."

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy Recovery System with Wrap 35 day Rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg chapter, Continuous Flow Cryotherapy, Neck and Upper Back Chapter.

Decision rationale: While continuous flow cryotherapy is recommended post-operatively in some instances by the Official Disability Guidelines (ODG), such as for surgeries involving the knee, in the Neck and Upper Back chapter the ODG notes that continuous-flow cryotherapy is "Not recommended in the neck." Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary and appropriate.

Q-Tech DVT Prevention System (Post surgery for Home use) x 35 day Rental: Upheld

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

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 chapter, Venous Thrombosis.

Decision rationale: The Official Disability Guidelines (ODG), in regard to venous thrombosis, recommends "identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." Cited risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. It notes that current evidence regarding venous thromboembolism (VTE) suggests prophylaxis is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be provided for 7-10 days post-operatively. Mechanical methods for VTE prophylaxis, such as intermittent pneumatic compression or venous foot pumps, have been shown to be effective. These methods may be preferable in cases where risk associated with bleeding is high. Per the 9th Edition AACP guidelines for clinical practice in the prevention and management of VTE, mechanical prophylaxis such as intermittent pneumatic compression devices are recommended over no prophylaxis. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request for Q-Tech DVT prevention system is medically necessary, with modification. The approval is certified only for a 10-day rental period.