

Case Number:	CM14-0076686		
Date Assigned:	07/18/2014	Date of Injury:	06/04/2010
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational Medicine 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 provided documents, this is a 56-year-old man with date of injury of 6/4/10, a diagnosis of lumbar spondylosis who underwent 2 level lumbar fusion on 4/29/14. The medical reports indicate he had an uncomplicated postop course and was discharged on the 4th postoperative day. This is a request for a Vascutherm unit, 30 day rental and Vascutherm back wrap. There was a prescription and RFA dated 4/22/14 for this DME per that review. This was apparently for postoperative use. It is not mentioned in the hospitalization documents provided. There is a 5/1/14 discharge summary, neurosurgery, that did not mention it. Physical therapy discharge note in the hospital 5/1/14 also did not mention application of ice and heat. There is a 2/14/14 neurosurgical follow-up that recommends the L4/5, L5/S1 TLIF with no mention of postoperative treatment plan is made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm unit, 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Joint Commission J. Qual. Patient Safety. 2011 Apr. 37(4): 178-83 Venous Thromboembolism Prophylaxis in Surgical Patients: identifying a patient group to maximize performance improvement. Weigelt JA, Lal A, Riska R. last updated 4/1/11.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.thermotekusa.com/medical_devices.php#VascuTherm.

Decision rationale: According to the manufacturer's website noted above, this is a brand of compression and localized thermal therapy unit. Most of the brand's models provide both cold and heat using a wrap to transmit the thermal modality to the desired body part. The wrap also provides compression. MTUS postsurgical physical medicine guidelines do not address use of thermal therapy devices. ACOEM regarding cold and heat therapy for the back for acute pain support at home local applications of cold in the 1st few days of the acute complaint and thereafter application of heat or cold. There is no mention of any need to use any specific devices other than hot and cold packs. There no mention that use of compression in the management of postoperative back pain provides any benefit. There is nothing in the records to support the postoperative use of this device over ordinary hot or cold packs. Therefore, based upon the evidence and the guidelines, this not considered be necessary.

Vascutherm back wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Joint Commision J. Qual. Patient Safety. 2011 Apr. 37(4): 178-83 Venous Thromboembolism Prophylaxis in Surgical Patients:identifying a patient group to maximize performance improvement. Weigelt JA, Lal A, Riska R. last updated 4/1/11.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This is the wrap that goes around the back and attaches to the VascuTherm unit and is essentially part of the unit. Since the Vascuthrm unit is not medically necessary, the wrap is not medically necessary.