

Case Number:	CM14-0095862		
Date Assigned:	07/25/2014	Date of Injury:	09/15/2011
Decision Date:	09/24/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 Emergency 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:

Patient with reported date of injury on 9/15/2011. Patient has a history of cervical radiculopathy and is post cervical fusion on 5/7/14. Medical records reviewed. Last report available until 5/22/14. Patient is post C6-7 anterior cervical fusion on 5/7/14. Patient complains of 3-7/10 neck, L shoulder pains along with headaches. Difficulty sleeping. Objective exam shows spasms of C6-7 and 4/5 L elbow extension. Pre-operative notes and imaging are not relevant to this review. No medication list provided but appears to be on norco, Buspar and gabapentin. Independent Medical Review is for Vascutherm unit. Prior UR on 6/17/14 recommended non certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 on the Neck, 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, Neck and Upper Back, Continuous-flow cryotherapy).

Decision rationale: Review of online Thermotek website reveals that Vascutherm is a device that provides cold/hot therapy, compression and DVT prophylaxis. It appears to be for use for the legs. There are no appropriate sections in the MTUS Chronic pain or ACOEM that relate to this issue. The requesting provider has not mentioned how this device is to be used. It is assumed it is directed at the neck. As per Official Disability Guidelines, continuous flow cryotherapy may be recommended in shoulder surgery but is not recommended for the neck. Heat therapy may be recommended but may be done with a simple heating pad or warm compress. It is not clear how this device can be used in the neck. Compressing the neck is not possible with this device without strangling the patient. Vascutherm is not medically necessary.