

Case Number:	CM14-0203424		
Date Assigned:	12/15/2014	Date of Injury:	03/10/1975
Decision Date:	05/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 78-year-old male, who sustained an industrial injury on 3/10/75. The injured worker had a L2-L5 decompressive laminectomy; L3-S1 foraminotomies, and L2-5 fusion on 10/6/14. The documentation noted that he has no leg pain and feels that the back pain is improving. he diagnoses have included cervical sprain/strain; bilateral shoulder sprain/strain and bilateral elbow medical epicondylitis. Treatment to date has included laminectomy; therapy; bilateral rotator cuff repair; epidural steroid injections and medications. The request was for DME : Vascutherm Cold Therapy W/Intermittent PCD For DVI, Up To 30 Days Or More.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME : Vascutherm Cold Therapy W/Intermittent PCD For DVI, Up To 30 Days Or More:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Cold/Heat Packs and Knee/Leg Chapter, Continuous-Flow Cryotherapy and Venous thrombosis.

Decision rationale: Regarding the request for Vascutherm, CA MTUS does not address the issue. ODG does not address cold therapy or DVT prophylaxis for low back injury/surgery, although they do note that cold/heat packs are recommended for acute injuries. For some other body parts, they do recommend cold therapy for up to 7 days after surgery, and they also recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Within the documentation available for review, there is no clear indication of risk factors for DVT and a rationale for cold therapy and DVT prophylaxis despite the recommendations of the guidelines. In light of the above issues, the currently requested Vascutherm is not medically necessary.