

Case Number:	CM14-0217529		
Date Assigned:	01/07/2015	Date of Injury:	05/19/1972
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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: Family Practice

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 71- year-old chief administrative officer reported an injury to his low back after moving electronic equipment on 3/9/72. His medical history is remarkable for Parkinson's disease and hypertension. Treatment for his industrial injury has included multiple back surgeries in 1973, 1988, and 1991. He developed an abdominal incisional hernia after his anterior fusion, and has had 2 unsuccessful surgeries to correct it. His most recent surgeries included decompressive laminectomies performed 3/5/14 and 9/5/14. The records contain a request for a Vascutherm DVT (deep venous thrombosis) prophylaxis unit with intermittent limb therapy signed by the neurosurgeon on 8/22/14. The unit is requested for 30 days beginning 9/5/14. The patient is noted to be a high risk for DVT due to his age and the length of the surgery. This request was apparently authorized. A second request for the same unit for an additional 30 days from 11/4 to 12/3/14 was apparently made, but is not contained in the available records. There is a progress note from the neurosurgeon dated 11/4/14 which states that the patient's pain is much improved, that his surgical wound is healed, and that he should start physical therapy. No mention is made of a need for an extension of the use of a DVT prophylaxis unit. The additional 30 days of use of the Vascutherm DVT prophylaxis unit were non-authorized in UR on 12/10/14. ODG cold/heat packs and lack of clinical information were cited as the basis for non-authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm w/ DVT for Additional 30 Day Rental for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Cold/Heat packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter, Venous Thrombosis; (Note that the ODG Low Back chapter does not address prophylaxis for DVT.) Updated ACOEM Chronic Pain, Cryotherapy, pages 166-167

Decision rationale: According to the manufacturer, a Vascutherm device provides constant regulated cooling and compression for DVT (deep venous thrombosis) prophylaxis. It is not entirely clear in this case where the device is to be applied. Concern about DVT prophylaxis usually involves the lower limbs. However, since the lower limbs were not operated on in this case, it is unclear why cold therapy, in addition to, intermittent compression would be necessary. The updated ACOEM Chronic Pain section states that examples of cryotherapy include towels moistened with cold water, ice wrapped in a blanket, ice massage, cold water and/or ice placed in a water bottle, gel packs, cooling sprays, or single-use chemical packets that produce cooling on breaking one pouch inside to start a chemical reaction. Routine use of cryotherapies in health care provider offices or the use of high tech devices is not recommended for treatment of any chronic pain condition. Per the ODG, mechanical compression should be used (unless contraindicated) in the recovery room and during the hospital stay for all patients undergoing arthroplasty of the knee or hip. For high-risk patients, compression devices may be used during surgery, and thromboprophylactic medications are also recommended. Venous foot pump or intermittent pneumatic compression should be used for patients with a high risk of bleeding who undergo total knee or hip replacement. When the risk of bleeding decreases, thromboprophylactic medications should be substituted for the mechanical devices. When outpatient compression is required, compression stockings may be used at home. The clinical findings in this case do not support the use of an intermittent limb compression and cryotherapy device for an additional 30 days at home. The documented pre-operative concern for high risk for DVT was addressed by 30-day use of a compressive device, though if there was truly concern for high risk, therapy should have included thromboprophylactic medication. If there is ongoing concern about lower limb DVT in this case, optimal treatment would consist of compression stockings, prophylactic medications, and early mobilization. The neurosurgeon's 12/4/14 note documents that the patient's wound has healed, that his pain is much improved, and that he should start physical therapy. He is presumably able to walk at least short distances. The use of a pneumatic compression device in this case might actually increase the patient's risk for DVT, since it cannot be used while the patient is ambulating and would thus require him to spend significant time seated or lying. Cryotherapy to either the lower limbs after a low back surgery would not make medical sense, nor would compression to the back. An additional Vascutherm 30-day rental is not medically necessary because the provider has not specified where the device is to be used, and cryotherapy appears to be unnecessary for the legs, while intermittent compression would not be needed for the back. In addition, this unit would not be first-line therapy if there is ongoing concern about high risk for DVT, and its use on the lower limbs might actually increase the risk of DVT, since the patient would be unable to ambulate during its use.

According to the evidence-based guidelines cited above and to the clinical findings in this case, an intermittent limb compression/cryotherapy device for an additional 30 days is not medically necessary.