

<b>Case Number:</b>	CM15-0104092		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2015

### 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

### 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 45 year old female who sustained an industrial injury on 08/17/2011. Current diagnosis includes lumbar stenosis. Previous treatments included medications and lumbar surgery with fusion on 05/04/2015. Report dated 04/29/2015 noted that the injured worker presented with complaints that included back pain with radicular pain to the left and right leg, thoracic and mid back pain, and back stiffness and weakness in the right and left arms. Pain level was 7 out of 10 (back pain) and 5 out of 10 (thoracic/mid back pain) on a visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for medications, cleared for surgery, and follow up in June. Disputed treatments include deep vein thrombosis (DVT) prophylaxis with intermittent limb therapy vascutherm cold compression unit and compression wrap x 30 days for lumbar surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT Prophylaxis with intermittent limb therapy vascutherm cold compression unit and compression wrap x 30 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder (updated 4/03/15) - Cold Compression Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Cold/Heat Therapy, page 343.

**Decision rationale:** The vascuTherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent surgical procedure and the provider has requested for this hot/cold compression unit. Submitted reports have not demonstrated any obesity condition, smoking history, or intolerance to anticoagulants in the prevention of DVT nor identified how the procedure would prevent the patient from mobility post surgery. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The DVT Prophylaxis with intermittent limb therapy vascuTherm cold compression unit and compression wrap x 30 days is not medically necessary or appropriate.