Case Number:	CM15-0167446		
Date Assigned:	09/08/2015	Date of Injury:	07/02/2014
Decision Date:	10/14/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 66-year-old male, who sustained an industrial injury on 7-2-2014. He reported an approximate eight-foot fall with loss of consciousness resulting in pain in the neck, right wrist, bilateral knees, and low back. The diagnoses included lumbar disc injury cervical disc injury, headaches, cervicalgia, insomnia, bilateral knee pain and right wrist pain. Treatment to date has included activity modification, medication therapy, physical therapy, and epidural steroid injections. Currently, he complains of ongoing neck pain associated with headaches, cognitive dysfunction, and bilateral arm pain with numbness and weakness. There was also report of ongoing low back pain. On 6-20-15, the physical examination documented slow cognition, decreased cervical range of motion, and decreased sensation bilaterally in C6 and C7 dermatomes. The cervical MRI was significant for multiple disc herniations, stenosis, and spinal cord impingement. The plan of care included cervical surgery and associated services. The appeal requested authorization for Vascutherm 4 system for four-week rental, vascutherm cervical garment purchase, and DVT calf wraps x 2 for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 System x4 week rental: 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), Knee & Leg, Compression Garments.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Continuous flow cryotherapy.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Vascutherm 4 System X 4 week rental is not medically necessary. The ACOEM states "patient at home application of heat or cold packs may be used before or after exercises and aren't effective as those performed by a therapist". The Official Disability Guidelines state, "not generally recommended in the shoulder. The main thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but are rare following upper extremity surgery, especially shoulder arthroscopy. The preoperative workup should include risk factors for DVT. In this case, the injured worker's working diagnoses are L3 - S1 disc herniations with significant foraminal stenosis bilaterally, grade 1 spondylolisthesis, and possible pars fracture at L5 - S1; C3 - C7 substantial disk herniations with bilateral foraminal stenosis; and C-3 - C5 significant central canal stenosis, spinal cord compression and spinal cord injury. Date of injury is July 2, 2014. Request authorization is July 24, 2015. The treating provider requested a neurosurgeon consultation. An initial evaluation was performed June 20, 2015. Subjective complaints included neck pain and headaches. The injured worker exhausted conservative treatments. The neurosurgeon requested authorization with certification for a C-3 - C7 anterior cervical discectomy and fusion with posterior laminectomy and posterior spinal fusion. On July 18, 2015, the surgery was authorized. There is no documentation in the medical record of a vascutherm unit rental for four weeks. There is no documentation of a vascutherm cervical garment for purchase. There is no documentation of a DVT calf wrap. There is no significant past medical history. There is no documentation the injured worker is a high risk for deep vein thrombosis. Additionally, the July 18, 2015 progress note does not contain a physical examination other than vital signs. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical discussion of a vascutherm unit rental #4 weeks, cervical garment for purchase or DVT calf wrap, and no clinical indication or rationale for these modalities, Vascutherm 4 System X 4 week rental is not medically necessary.

Vascutherm cervical garment purchase: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Continuous flow cryotherapy.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Vascutherm cervical garment for purchase is not medically necessary. The ACOEM states "patient at home application of heat or cold packs may be used before or after exercises and aren't effective as

those performed by a therapist". The Official Disability Guidelines state, "not generally recommended in the shoulder". The main thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but are rare following upper extremity surgery, especially shoulder arthroscopy. The preoperative workup should include risk factors for DVT. In this case, the injured worker's working diagnoses are L3 - S1 disc herniations with significant foraminal stenosis bilaterally, grade 1 spondylolisthesis, and possible pars fracture at L5 - S1; C3 - C7 substantial disk herniations with bilateral foraminal stenosis; and C-3 - C5 significant central canal stenosis, spinal cord compression and spinal cord injury. Date of injury is July 2, 2014. Request authorization is July 24, 2015. The treating provider requested a neurosurgeon consultation. An initial evaluation was performed June 20, 2015. Subjective complaints included neck pain and headaches. The injured worker exhausted conservative treatments. The neurosurgeon requested authorization with certification for a C-3 - C7 anterior cervical discectomy and fusion with posterior laminectomy and posterior spinal fusion. On July 18, 2015, the surgery was authorized. There is no documentation in the medical record of a vascutherm unit rental for four weeks. There is no documentation of a vascutherm cervical garment for purchase. There is no documentation of a DVT calf wrap. There is no significant past medical history. There is no documentation the injured worker is a high risk for deep vein thrombosis. Additionally, the July 18, 2015 progress note does not contain a physical examination other than vital signs. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical discussion of a vascutherm unit rental #4 weeks, cervical garment for purchase or DVT calf wrap, and no clinical indication or rationale for these modalities, Vascutherm cervical garment for purchase is not medically necessary.

DVT calf wraps x two (purchase): 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), Knee & Leg, Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, DVT.

Decision rationale: Pursuant to the Official Disability Guidelines, DVT calf wrap times two (purchase) is not medically necessary. The guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulant therapy. See the guidelines for additional details. There is good evidence for use of compression garments available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome after first-time proximal DVT. In this case, the injured worker's working diagnoses are L3 - S1 disc herniations with significant foraminal stenosis bilaterally, grade 1 spondylolisthesis, and possible pars fracture at L5 - S1; C3 - C7 substantial disk herniations with bilateral foraminal stenosis; and C-3 - C5 significant central canal stenosis, spinal cord compression and spinal cord injury. Date of injury is July 2, 2014. Request authorization is July 24, 2015. The treating provider requested a neurosurgeon consultation. An initial evaluation was performed June 20, 2015.

Subjective complaints included neck pain and headaches. The injured worker exhausted conservative treatments. The neurosurgeon requested authorization with certification for a C-3 - C7 anterior cervical discectomy and fusion with posterior laminectomy and posterior spinal fusion. On July 18, 2015, the surgery was authorized. There is no documentation in the medical record of a vascutherm unit rental for four weeks. There is no documentation of a vascutherm cervical garment for purchase. There is no documentation of a DVT calf wrap. There is no significant past medical history. There is no documentation the injured worker is a high risk for deep vein thrombosis. Additionally, the July 18, 2015 progress note does not contain a physical examination other than vital signs. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical discussion of a vascutherm unit rental #4 weeks, cervical garment for purchase or DVT calf wrap, and no clinical indication or rationale for these modalities, DVT calf wrap times two (purchase) is not medically necessary.