

<b>Case Number:</b>	CM15-0197266		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 51 year old male, who sustained an industrial injury on 7-13-2010. Diagnoses include history of right-sided disc herniation, status post lumbar surgery, persistent right sided calf weakness, right side S1 radiculopathy. Treatments to date include activity modification, medication therapy, physical therapy, aquatic therapy, and trigger point injections. On 7-15-15, he complained of (being) "completely miserable as it relates to low back, right buttock and right leg" pain. The physical examination documented weakness and decreased sensation to the right lower extremity, positive right side straight leg raise test, with muscle spasm and limited lumbar range of motion noted. Trigger points were administered on this date. The MRI dated "on or before 7-15-15" revealed recurrent disc herniation with "obliteration of the lateral recess at L5-S1, right side." The plan of care included surgical intervention in the form of redo hemilaminectomy and discectomy and associated services. The appeal requested authorization for a thirty-day rental for Vascutherm Unit, purchase of two DVT calf wraps, and cold therapy wrap purchase. The Utilization Review dated 9-9-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm unit for thirty day rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/200\\_299/0297.html](http://www.aetna.com/cpb/medical/data/200_299/0297.html).

**Decision rationale:** Pursuant to the Official Disability Guidelines and the Aetna clinical policy bulletin, Vascutherm unit 30 day 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 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. 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. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. In this case, the injured worker's working diagnoses are status post L5 - S1 hemi-laminectomy/discectomy on the right side; history right-sided disc herniation; persistent right-sided calf weakness; and status post recurrent disk herniation right side of the current S1 radiculopathy. Date of injury is July 13, 2010. Request for authorization is August 20, 2015. According to a July 15, 2015 progress note, subjective complaints include low back pain, right buttock pain and right leg pain. Objectively, there is weakness in the gastrocnemius soleus with positive straight leg raising and decreased range of motion. The treatment plan states the injured worker will require surgical intervention in the form of a redo hemi-laminectomy with marked discectomy right side L5 - S1. There is no documentation of a vascutherm unit. There is no documentation of a DVT calf wrap. There is no documentation of a cold therapy wrap for purchase. There is no documentation the surgical procedure was authorized. Additionally, vascutherm therapy is indicated for seven days. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical discussion, indication or rationale for a vascutherm unit 30 day rental, Vascutherm unit 30 day rental is not medically necessary.

**Purchase of two DVT (deep vein thrombosis) calf wraps:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/200\\_299/0297.html](http://www.aetna.com/cpb/medical/data/200_299/0297.html).

**Decision rationale:** Pursuant to the Official Disability Guidelines and the Aetna clinical policy bulletin, purchase #2 DVT (deep vein thrombosis) calf wraps 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 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. 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. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. In this case, the injured worker's working diagnoses are status post L5 - S1 hemi-laminectomy/discectomy on the right side; history right-sided disc herniation; persistent right-sided calf weakness; and status post recurrent disk herniation right side of the current S1 radiculopathy. Date of injury is July 13, 2010. Request for authorization is August 20, 2015. According to a July 15, 2015 progress note, subjective complaints include low back pain, right buttock pain and right leg pain. Objectively, there is weakness in the gastrocnemius soleus with positive straight leg raising and decreased range of motion. The treatment plan states the injured worker will require surgical intervention in the form of a redo hemi-laminectomy with marked discectomy right side L5 - S1. There is no documentation of a vascultherm unit. There is no documentation of a DVT calf wrap. There is no documentation of a cold therapy wrap for purchase. There is no documentation the surgical procedure was authorized. Additionally, vascultherm therapy is indicated for seven days. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical discussion, indication or rationale for a DVT calf wrap, purchase #2 DVT (deep vein thrombosis) calf wraps is not medically necessary.

**Cold therapy wrap purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**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, Hot and cold packs and Other Medical Treatment Guidelines  
[http://www.aetna.com/cpb/medical/data/200\\_299/0297.html](http://www.aetna.com/cpb/medical/data/200_299/0297.html).

**Decision rationale:** Pursuant to the Official Disability Guidelines and the Aetna clinical policy bulletin, cold therapy wrap 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 vascultherm 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. 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. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. In this case, the injured worker's working diagnoses are status post L5 - S1 hemi-laminectomy/discectomy on the right side; history right-sided disc herniation; persistent right-sided calf weakness; and status post recurrent disk herniation right side of the current S1 radiculopathy. Date of injury is July 13, 2010. Request for authorization is August 20, 2015. According to a July 15, 2015 progress note, subjective complaints include low back pain, right buttock pain and right leg pain. Objectively, there is weakness in the gastrocnemius soleus with positive straight leg raising and decreased range of motion. The treatment plan states the injured worker will require surgical intervention in the form of a redo hemi-laminectomy with marked discectomy right side L5 - S1. There is no documentation of a vascultherm unit. There is no documentation of a DVT calf wrap. There is no documentation of a cold therapy wrap for

purchase. There is no documentation the surgical procedure was authorized. Additionally, vasotherm therapy is indicated for seven days. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical discussion, indication or rationale for a cold therapy wrap for purchase, cold therapy wrap purchase is not medically necessary.