

Case Number:	CM15-0200944		
Date Assigned:	10/16/2015	Date of Injury:	09/18/2008
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male, who sustained an industrial injury on 9-18-2008. The injured worker is undergoing treatment for: low back syndrome, lumbar stenosis. On 6-25-15, he reported pain to the neck, low back with radiation into the bilateral lower extremities right greater than left, mid-back, and bilateral shoulders. On 7-23-15, he reported low back pain with radiation into the lower extremities down to the foot. Physical examination revealed decreased lumbar range of motion, positive straight leg raise testing bilaterally. On 9-21-15, he reported bilateral hand and right shoulder pain. On 9-28-15, he is seen for lumbar surgery pre-operation. Physical examination revealed a moderately obese male, blood pressure 103 over 67, lungs clear to auscultation, neck and back examination noted to be left for another physician. The treatment and diagnostic testing to date has included: lumbar surgery (9-29-15), urine toxicology (9-3-15, 9-16-15), medications, back surgery (2012), shoulder surgery (2009), neck surgery (date unclear), EKG (9-28-15), left carpal tunnel surgery (7-28-15), magnetic resonance imaging of the lumbar spine (5-22-15). Medications have included: Oxycodone, Tylenol, Gabapentin, Fluoxetine, Buspirone, and Simvastatin. Current work status: temporarily totally disabled. The request for authorization is for: vascutherm cold compression device, 30 day rental. The UR dated 10-2-2015: non-certified the request for vascutherm cold compression device, 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascutherm cold compression device x 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Work-Relatedness chapter 4 page 57, 61, & 65 and Official Disability Guidelines (ODG) (2008) Venous thrombosis: Knee Chapter (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topics: Venous thrombosis, Cold compression.

Decision rationale: ODG guidelines indicate deep venous thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery. It is recommended to perform a thorough preoperative workup to uncover possible risk factors for deep vein thrombosis/pulmonary embolism Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. In this case the injured worker is undergoing low back surgery. No risk factors for deep vein thrombosis have been identified. As such, the guidelines do not recommend routine prophylaxis. Therefore the request for Vascutherm cold compression device for a 30 day rental is not recommended and the medical necessity of the request has not been substantiated. The request is not medically necessary.