

Case Number:	CM15-0025379		
Date Assigned:	02/17/2015	Date of Injury:	07/27/2011
Decision Date:	03/27/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/10/2015

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 56 year old male, who sustained an industrial injury on 07/27/2011. He has reported being half in and half out of a moving car that dragged him. Diagnoses include cervical sprain/strain, lumbosacral radiculopathy, shoulder tendon/bursa, and carpal tunnel syndrome. Treatment to date has included physical therapy, medication regimen, laboratory studies, status post right L4-5 microdecompression surgery on 10/31/2014, and status post right shoulder arthroscopy. In a progress note dated 12/17/2014 the treating provider reports continued pain to the lower back and coccyx region along with edema and spasms to the paravertebral musculature of the spine. On 01/26/2015 Utilization Review non-certified the retro requested treatment of Q-Tech Cold Therapy with DVT Prevention System with Wrap to be purchased with a the date of service of 10/31/2014, noting the American College of Occupational and Environmental Medicine's Occupation Medicine Practice Guidelines, Second Edition, Chapter 12, page 300; Official Disability Guidelines-Treatment In Workers' Compensation Low Back Procedure Summary last updated 11/21/2014; Spine (Phila PA 1976), 2013, January 15, "The Incidence and Mortality of Thromboembolic Events in Lumbar Spine Surgery"; and Jt Comm J Patient Saf., 2011, April, 37(4):178-83, "Venous Thromboembolism Prophylaxis in Surgical Patients: Identifying a Patient Group To Maximize Performance Improvement."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 10/31/2014 Q-Tech Cold Therapy with DVT Prevention System with Wrap:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cryotherapy/Cold & Heat Packs, pages 381-382; Vasopneumatic Cryotherapy (Knee, pages 292); Venous Thrombosis (knee), page 356-358.

Decision rationale: The 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 right lumbar microdiscectomy surgery in October 2014 and s/p shoulder arthroscopy (undated); however, the provider does not identify specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent venothromboembolism (VTE) for patient undergoing total knee or total hip arthroplasty/replacement, it is silent on its use for this surgery. Some identified risk factors identified include major lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post surgical procedures as a functional restoration approach towards active recovery. 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. Submitted reports have not demonstrated the medical necessity outside the recommendations of Guidelines criteria. The Retro DOS: 10/31/2014 Q-Tech Cold Therapy with DVT Prevention System with Wrap is not medically necessary and appropriate.