

<b>Case Number:</b>	CM15-0210188		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 47 year old male, who sustained an industrial injury on 1-21-2014. Medical records indicate the worker is undergoing treatment for right lumbosacral disc herniation with radiculopathy. A recent preoperative history and physical report dated 5-4-2015, reported the injured worker complained of low back pain. Physical examination revealed decreased lumbar flexion and extension secondary to pain. Treatment to date has included lumbosacral surgery on 5-4-2015 and medication management. On 5-4-2015, the Request for Authorization requested Cold therapy unit with compression, 7 day rental and Deep vein thrombosis (DVT) calf wrap, purchase. On 10-9-2015 the Utilization Review non-certified the request for Cold therapy unit with compression, 7-day rental and Deep vein thrombosis (DVT) calf wrap, purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit with compression, 7 day rental:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Continuous-flow cryotherapy.

**Decision rationale:** The patient presents on 05/04/15 with lumbar radicular pain. The patient's date of injury is 01/21/14. Patient is status post L5-S1 hemilaminotomy with partial facetectomy and foraminotomy on 05/04/15. The request is for cold therapy unit with compression, 7 day rental. The RFA is dated 05/04/15. Physical examination dated 05/04/15 reveals decreased flexion and extension of the lumbar spine secondary to pain. The patient is currently prescribed Lidocaine patches and Naproxen. Patient's current work status is not provided. Official Disability Guidelines, Shoulder Chapter, under Continuous-flow cryotherapy states the following regarding postoperative cold therapy units: Recommended as an option after surgery, but not for non-surgical treatment. Post-operative use generally may be up to 7 days, including home use. In the post-operative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries; e.g., muscle strains and contusions, has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy are extremely rare but can be devastating. In regard to the post-operative 7 day rental of a cold therapy unit, the request is appropriate. This request appears to be retrospective for a cryotherapy unit which was provided to the patient following lumbar spine surgery on 05/04/15 for post-operative pain. Official Disability Guidelines specify a 7 day rental for post-operative recovery. Given this patient's lumbar spine surgery, and the 7 day duration of use for this device, this retrospective request is/was an appropriate measure. Therefore, the request is medically necessary.

**Deep vein thrombosis (DVT) calf wrap, purchase:** Overturned

**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 and Leg chapter, Venous thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under Compression Garments.

**Decision rationale:** The patient presents on 05/04/15 with lumbar radicular pain. The patient's date of injury is 01/21/14. Patient is status post L5-S1 hemilaminotomy with partial facetectomy and foraminotomy on 05/04/15. The request is for deep vein thrombosis (DVT) calf wrap, purchase. The RFA is dated 05/04/15. Physical examination dated 05/04/15 reveals decreased flexion and extension of the lumbar spine secondary to pain. The patient is currently prescribed Lidocaine patches and Naproxen. Patient's current work status is not provided. ODG Low Back Chapter does not discuss compression Garments. ODG Knee and Leg Chapter, under Compression Garments has the following: Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. In regard to the DVT prophylaxis calf wrap following this patient's lumbar spine surgery, the request is appropriate. This request appears to be retrospective for DVT calf wraps which were provided to the patient following lumbar spine surgery on 05/04/15. While this patient does not present with any potential complicating factors such as coagulopathy, heart disease, or diabetes, ODG supports such compression wraps as a low-cost option for DVT prophylaxis in post-operative patients. Therefore, the request is medically necessary.