

Case Number:	CM15-0218061		
Date Assigned:	11/09/2015	Date of Injury:	02/19/2014
Decision Date:	12/21/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/05/2015

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:

This 25 year old male sustained an industrial injury on 2-19-14. Documentation indicated that the injured worker was receiving treatment for lumbar herniated nucleus pulposus with radiculopathy, bilateral lower extremity radicular pain and paresthesia and intermittent claudication. In a progress report dated 7-20-15, the injured worker continuing ongoing low back pain, rated 7 out of 10 on the visual analog scale, with radiation to bilateral lower extremities, associated with numbness and tingling. Physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinal musculature with decreased range of motion, positive bilateral straight leg raise, Braggard's, bowstring's tests and positive Valsalva maneuver bilaterally, decreased sensation at bilateral L5 and S1 distributions and decreased lower extremity strength. The physician recommended lumbar decompression at L4-5 and L5-S1 as recommended by the agreed medical evaluator with associated surgical services. The injured worker underwent right lumbar laminotomy and discectomy at right L4-5 and L5-S1 with foraminotomy and neurolysis of exiting right L5-S1 nerve roots on 10-1-15. On 9-30-15, a request for authorization was submitted for a Q-tech cold therapy recovery system with universal wrap, 30-day rental. On 10-2-15, Utilization Review noncertified a request for Q-tech cold therapy recovery system with universal wrap, 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech cold therapy recovery system with universal wrap, rental for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition), 2015, Low Back Chapter - Cold Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Continuous cold cryotherapy and Other Medical Treatment Guidelines http://www.aetna.com/cpb/medical/data/400_499/0482.html.

Decision rationale: Pursuant to the Official Disability Guidelines, Q tech cold therapy unit recovery system with universal wrap rental 30 days is not medically necessary. Compression garments are not generally recommended in the shoulder. DVT and pulmonary embolism events are common complications following lower extremity orthopedic surgery and are rare following upper extremity surgery, especially shoulder arthroscopy. The guidelines recommend monitoring high risk of developing venous thrombosis. In the shoulder, risk is lower than in the knee and depends upon the invasiveness of the surgery, the postoperative immobilization and the use of central venous catheters. Continuous flow cryotherapy is recommended as an option after surgery. Postoperative use may be up to seven days, including home use. DBT is very rare after arthroscopy of the shoulder. In this case, the injured worker's working diagnoses are status post laminectomy and lumbar disc disease. The documentation indicates the injured worker was admitted for a posterior lumbar interlaminar laminotomy L4 - L5 and L5 - S1 on the right, microscopic dissection of the nerve roots, foraminotomy and neurolysis and continuous intraoperative fluoroscopy. According to a progress note addendum dated September 30, 2015, the treating provider requested a Q-Tech cold therapy recovery system with a universal wrap for 30 days. There is no documentation of deep vein thrombosis or risk factors for deep vein thrombosis. There is no documentation indicating the injured worker is a high risk of developing venous thrombosis. The Q-Tech recovery system is indicated for seven days. The treating provider requested 30 days. There is no clinical indication or rationale for the Q-Tech system after low back surgery. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale status post lumbar laminectomy and guideline recommendations for seven days (including home use), Q-tech cold therapy unit recovery system with universal wrap rental 30 days is not medically necessary.