

Case Number:	CM14-0005233		
Date Assigned:	01/24/2014	Date of Injury:	06/02/2002
Decision Date:	06/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 43-year-old male with a 6/2/02 date of injury and lumbar spinal fusion at L5/S1 on 9/12/13. At the time (12/16/13) of the Decision for post-operative DME: Q-Tech DVT prevention system (rental up to 21 days) and post-operative DME: Q-Tech cold therapy recovery system with wrap (rental up to 21 days), there is documentation of subjective (presentation for preoperative consultation for lumbar surgery) and objective (none specified) findings, current diagnoses (spondylosis with myelopathy, lumbar region and Schmorl's node), and treatment to date (surgery). Regarding post-operative DME: Q-Tech DVT prevention system (rental up to 21 days), there is no documentation of moderate, high, or very high risk for DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE DME: Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP (RENTAL UP TO 21 DAYS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Venous thrombosis Other Medical Treatment Guideline or Medical Evidence:
<http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>

Decision rationale: MTUS does not address this issue. ODG identifies that mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. Medical Treatment Guideline necessitates documentation of patient with moderate, high, or very high risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT (include passive devices, such as graduated compression (elastic) knee or thigh-high stockings (GCS); active (external pneumatic compress or intermittent pneumatic compression [IPC]) devices; or venous foot pumps (VFP)). Within the medical information available for review, there is documentation of diagnoses of spondylosis with myelopathy, lumbar region and Schmorl's node. However, there is no documentation of moderate, high, or very high risk for DVT. Therefore, based on guidelines and a review of the evidence, the request for post-operative DME: Q-Tech DVT prevention system (rental up to 21 days) is not medically necessary.

POST-OPERATIVE DME: Q-TECH DVT PREVENTION SYSTEM (RENTAL UP TO 21 DAYS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies that there is minimal evidence supporting the use of cold therapy. Medical Treatment Guideline identifies that exact recommendations on application, for postoperative cold therapy utilization following lumbar spine surgery, on time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for post-operative DME: Q-Tech cold therapy recovery system with wrap (rental up to 21 days) is not medically necessary.