

<b>Case Number:</b>	CM14-0143926		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 53 year old man with a date of injury of 10/29/12. He was seen by his primary treating physician on 8/5/14 as post operative follow up for his re-instrumentation revision fusion L4-S1 for pseudoarthrosis in 6/14. He was having significant distal lumbar pain and occasional left leg numbness. He was using a bone stimulator and taking his norco and soma. His exam showed a forward flexed posture with pain. His incision was well healed and he had good lower extremity strength with mild subjective dysesthesias in the posterior left leg. His x-rays showed well placed instrumentation. Morphine sulfate ER was to be reinitiated. At issue in this review is the request for a cold therapy / DVT prophylaxis unit with compression wrap x 1 to minimize his narcotic use and help due to limited ambulatory capabilities in spite of being two months post op.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Cold Compression Unit x 30 days rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224. Decision based on Non-MTUS Citation Uptodate: Prevention of venous thromboembolic disease in medical patients

**Decision rationale:** This injured worker has post op back pain two months after surgery. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation or spasm on exam to justify a vasotherm cold compression unit with compression wrap. He is ambulatory and two months post-op so prophylaxis for deep vein thrombosis (DVT) is not needed with compression but rather mobility. Also, it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The medical necessity for a vasotherm cold compression unit times 30 days rental: is not substantiated by the records.

**Compression wrap x1 purchase (lumbar):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224. Decision based on Non-MTUS Citation Uptodate: Prevention of venous thromboembolic disease in medical patients

**Decision rationale:** This injured worker has post op back pain two months after surgery. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation or spasm on exam to justify a vasotherm cold compression unit with compression wrap times one. He is ambulatory and two months post-op so prophylaxis for deep vein thrombosis (DVT) is not needed with compression but rather mobility. Also, it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The medical necessity for a Compression wrap times one purchase (lumbar) is not substantiated by the records.