

<b>Case Number:</b>	CM14-0147661		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/25/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Surgeon and is licensed to practice in Texas. 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 64-year-old male who reported an injury on 04/25/2008 who sustained injuries after falling and slipping on a wet floor to his back and knees. The injured worker's treatment history included physical therapy, surgery, MRI studies, and medications. The MRI studies were reported to show degenerative disc disease throughout the lumbar spine, more significant at L4-5 and L5-S1; however, no actual radiology reports were available for review. On 08/26/2014, the injured worker was evaluated and it was documented that the injured worker was coming back for a follow-up after his surgery. The provider noted that the injured worker had an L4-5 right sided decompression both centrally and foraminal, which was done using an operating microscope for micro dissection of the thecal sac and nerve roots on 07/30/2014. The provider noted the wound was overall healed very nicely and it was dry, clean, and intact. The provider noted that the injured worker's leg issues were worse than before with the numbness and he was having tingling and issues in his leg. On physical examination, the injured worker's wound was clean, dry, and intact. He had relatively good quadriceps strength. He still had some weakness in his anterior tibialis and his extensor hallucis longus (EHL). The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Day Rental of Vascutherm Unit with DVT Prophylaxis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg, Continuous-Flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Venous Thrombosis.

**Decision rationale:** The requested is not medically necessary. Per the Official Disability Guidelines (ODG) recommends VascuTherm with DVT prevention is for Recommended as an option after surgery, but not for nonsurgical treatment? Postoperative use generally may be up to 7 days, including home use. In the postoperative 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 (i.e., frostbite) are extremely rare but can be devastating. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. With the injured worker having undergone his surgical procedure on 07/30/2014, the injured worker is well past the 7 day mark for recommended use. Therefore, the request for 30 day rental of VascuTherm unit with DVT prophylaxis is not medically necessary.