

Case Number:	CM14-0162809		
Date Assigned:	10/08/2014	Date of Injury:	12/20/2010
Decision Date:	11/14/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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 Spine Surgery 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 54 year old male with a reported date of injury on 12/20/10. The mechanism of injury was not reported. His diagnoses was status post cervical spine surgery. His past treatments included surgery, physical therapy, and medications. The diagnostic studies were not submitted for clinical review. The injured worker's surgical history included cervical spine surgery. On 10/09/14, the injured worker complained of tenderness of the cervical spine. The physical exam reported healing surgical scars, and removal of steri strips. His current medications were noted to be Ambien. His treatment plan included x-rays of cervical spine and a refill of Ambien. The request for Vascutherm was for prevention of deep vein thrombosis and the request for the Cervical Garment was for status-post cervical spine surgery. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 DVT (Rental of Cold/Heat for 4 Weeks) and Cervical Garment: 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), 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, Cryotherapy.

Decision rationale: The request for Vascutherm 4 DVT (Rental of Cold/Heat for 4 Weeks) and cervical garment is not medically necessary. The Official Disability Guidelines indicate that continuous flow cryotherapy may be recommended following surgical treatment; however, it is not recommended for nonsurgical treatment or for use on the neck. Furthermore, the guidelines state that postoperative use may be up to 7 days including home use. The documentation provided request treatment for deep vein thrombosis. The injured worker was diagnosed with status-post cervical spine surgery. The use of the Vascutherm for the neck is not recommended by the guidelines. Furthermore, the guidelines do not support use of cryotherapy for nonsurgical conditions, thus the request for Vascutherm for deep vein thrombosis is not medically necessary.