

<b>Case Number:</b>	CM14-0090167		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, 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:

This is a 45 year old male with a 9/20/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/7/14 noted subjective complaints of constant 8/10 low back pain . Objective findings included paraspinal lumbar tenderness. Motor strength was diminished in all motor groups on the left side. Sensation was intact other than S1 distribution on the left. MRI on 4/17/12 noted virtual complete loss of the L5-S1 disk space. The patient is approved for an L5-S1 fusion. Diagnostic Impression: L5-S1 discogenic back pain with left lower extremity radiculopathy. Treatment to Date: physical therapy, epidurals, acupuncture, medication management. A UR decision dated 5/30/14 denied the request for motorized cold therapy unit. ODG recommends that simple cold packs can be applied. It also denied the request for DVT (deep venous thrombosis) unit. The patient would be mobilized immediately postoperatively. ODG guidelines state to provide prophylaxis for patients at risk, however this patient is not considered to be at increased risk. It also denied the request for RN evaluation for post-operative home health care for wound cleansing and assistance with daily living activities 8 hours daily for 4 weeks, then 4 hours per day for two weeks. This would not be consistent with ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Cold Therapy Unit:** 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) 11th edition (web) 2014 treatment section for the low back under the heading of cold packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ([http://www.aetna.com/cpb/medical/data/200\\_299/0297.html](http://www.aetna.com/cpb/medical/data/200_299/0297.html)).

**Decision rationale:** CA MTUS and ODG do not specifically address hot/cold therapy unit-Vital Wear. ■■■■■ considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. The proposed therapy offers no benefit over ice bags/packs. Therefore, the request for a Motorized Cold Therapy Unit is not medically necessary.

**DVT (Deep Ventricular Thrombosis) Unit:** 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) 11th edition (web) 2014 treatment section for the knee and leg under the heading of venous thrombosis.

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

**Decision rationale:** CA MTUS does not specifically address this issue. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. Compression garments are recommended in the prevention of deep venous thrombosis (DVT). However, there is no documentation available to suggest that patient is at elevated risk of DVT post-operatively. He will be mobilized early after his surgery. If he were to be provided DVT prophylaxis, it would be with compression garments. Therefore, the request for a DVT (Deep Venous Thrombosis) Unit is not medically necessary.

**RN Evaluation for post operative home health care for wound cleaning and assistance with daily living activities 8 hours daily for 4 weeks, then 4 hours per day for two weeks:** 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) 11th edition (web) 2014, treatment section for low back under the heading of home health care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. However, the proposed intervention to help with ADLs is not within the appropriate scope of medical treatments for an otherwise healthy post-operative patient, especially a total of a 6 week course of home health aide. Therefore, the request for RN evaluation for postoperative home health care for wound cleaning and assistance with daily living activities 8 hours daily for 4 weeks, then 4 hours per day for two weeks is not medically necessary.