

Case Number:	CM15-0012708		
Date Assigned:	01/30/2015	Date of Injury:	06/01/1990
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 59 year old female who sustained an industrial injury on 6/1/90. The injured worker reported symptoms in the back. The diagnoses included lumbar stenosis. Treatments to date include oral pain medication, spinal cord stimulation, epidural steroid injection, right knee steroid injection on 10/29/14. In a progress note dated 12/8/14 the treating provider reports severe, constants "bilateral lower extremity radiculopathy." On 12/26/14 Utilization Review non-certified the request for Vasotherm cold therapy unit with wrap with deep vein thrombosis prophylaxis, 30 Day Rental. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vasotherm Cold Therapy Unit with Wrap with DVT Prophyaxis, 30 Day Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Venous Thromosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Compression garments Uptodate.com, Prevention of venous thromboembolic disease in medical patients

Decision rationale: MTUS is silent concerning DVT prophylaxis. However, ODG writes regarding compression garments "Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema." Medical records do not indicate that the patient is undergoing management of lymphedema or post-thrombotic syndrome. UpToDate also writes, "Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage)." The medical records do not indicate the patient is at high risk of bleeding or indicate any contraindication of anticoagulation with medication. As such the request for Vasotherm Cold Therapy Unit with Wrap with DVT Prophylaxis, 30 Day Rental is not medically necessary.