

Case Number:	CM15-0014799		
Date Assigned:	02/02/2015	Date of Injury:	11/09/2010
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 10/09/2010 after reaching to move heavy boxes. On 12/24/2014, she presented for a followup evaluation. She reported cervical spine symptoms that were stable and was noted to have been scheduled for a cervical fusion on 06/08/2015. A physical examination showed that she had mild to moderate discomfort and pain behavior present. She was noted to be tender bilaterally, left worse than the right, in the paravertebral muscles and trapezius, as well as in the cervical region on the left. It was noted that spine extension was restricted and painful. She also had tenderness anteriorly over both shoulder joints, left worse than the right and tenderness in the subacromial region bilaterally. She had normal sensation and no allodynia with normal ankle and knee jerks with the exception of the left ankle jerk which is absent. The treatment plan was for VascuTherm wrap pads for DVT unit; delivery, setup, and training; decision for intermittent cold therapy limb compression device with DVT with a nonhospital stay. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm wraps pads for DVT Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Delivery setup & training: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Intermittent Cold Therapy Limb Compression Device with DVT - non-hospital stay:
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), Knee & Leg

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, Cold compression therapy.

Decision rationale: According to the Official Disability Guidelines, compression garments are recommended following surgery for those who are at risk for developing DVTs. There is a lack of documentation showing that the injured worker has any conditions that would put them at risk for developing deep vein thrombosis. Also, there is a lack of documentation regarding a clear rationale for the medical necessity of a cold therapy limb compression device with DVT to support the request. Also, the requested duration of use was not stated. Therefore, the request is not supported. As such, the request is not medically necessary.