MAXIMUS Federal Services

Case Number:	CM15-0119813		
Date Assigned:	06/30/2015	Date of Injury:	08/04/2014
Decision Date:	07/31/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/22/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male who sustained an industrial injury on 08/04/2014 as a firefighter. The injured worker was diagnosed with right ankle fracture, L5-S1 disc herniation with left lower extremity radiculopathy and status post-surgery. The injured worker underwent laminectomy/discectomy at L4 through S1 on April 21, 2015 and open reduction internal fixation of the right ankle on August 11, 2014. Treatment to date has included diagnostic testing, lumbar epidural steroid injection, physical therapy, recent back surgery and medications. According to the treating physician's progress report on May 1, 2015, the injured worker continues to experience low back pain. The injured worker relates since surgery, he has 80% improvement of leg pain and 50% improvement in back pain. Incision was clean and dry without signs of infection. There was some post-operative swelling and tenderness at the incision. Neurological status was stable. According to the primary treating physician on May 9, 2015, the injured worker rated his pain level at 3/10. Current medication is Norco. Treatment plan consists of a walking program, physical therapy and the retro request for a pneumatic cold compression (VascuTherm) for 30 Days, with Lumbar Wrap (DOS: 4/21/15) and Retro request for DVT (Prophylaxis) 30 Days DVT, Wraps 2 (DOS: 4/21/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pneumatic Cold Compression (Vascutherm) 30 Days, with Lumbar Wrap 1 DOS 4/21/15: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301.

Decision rationale: Per MTUS guidelines, at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold are recommended for the low back. The guidelines do not address the use of a pneumatic cold compression device for the low back but the guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case the use of at home cold therapy is supported but the guidelines do not support the use of a pneumatic device for the low back. The request for retro pneumatic cold compression (Vascutherm) 30 Days, with lumbar wrap 1 DOS 4/21/15 is determined to not be medically necessary.

Retro DVT (Prophylaxis) 30 Days DVT, Wraps 2 DOS 4/21/15: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS guidelines do not address the use of pneumatic compression devices for the prevention of venous thrombosis. The ODG recommends identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. Mechanical methods do reduce the risk of deep vein thrombosis, but there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal pulmonary embolism, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. There are options of pharmacological methods that are used post-surgically. The injured worker reportedly had surgery on 4/21/15. The use of pneumatic compression for DVT prophylaxis is reasonable and is supported by the ODG despite other recommendations of pharmacological methods. The request for retro DVT (Prophylaxis) 30 Days DVT, Wraps 2 DOS 4/21/15 is determined to be medically necessary.