

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/20/2013
Date of Injury: 11/7/2004
IMR Application Received: 8/27/2013
MAXIMUS Case Number: CM13-0017271

- 1) MAXIMUS Federal Services, Inc. has determined the request for **vascutherm cold therapy unit; 30 additional days s/p lumbar fusion surgery (cold therapy with compression for DVT prophylaxis) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **h-wave home unit 3 additional months; 30-60 minute sessions is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **vascutherm cold therapy unit; 30 additional days s/p lumbar fusion surgery (cold therapy with compression for DVT prophylaxis)** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **h-wave home unit 3 additional months; 30-60 minute sessions** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a 57 year-old female with a 11/7/2004 date of injury when she sustained injury to the left leg. While pulling a linen cart through a door one of the doors released and hit the cart which hit her left leg and knee. She is status post lumbar surgery on 7/16/13 for Herniated nucleus pulposus of L3-L4.2, Lumbar spondylosis with lower extremity radiculopathy and scoliosis: lumbar spine, which included the following procedures:

1. Anterior lumbar discectomy and interbody fusion L3-L4.
2. Insertion of prosthetically machined interbody spacer L3-L4.
3. Posterior spinal fusion L3-L4.
4. Posterior instrumentation L3-L4.
5. Bone marrow aspiration
6. Installation of On-Q pain pump and finally interpretation of fluoroscopy.

The issue at hand is whether a vascutherm cold therapy unit is medically appropriate. Also whether the H wave unit is medically appropriate. These were both denied by a prior reviewer.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for vascutherm cold therapy unit; 30 additional days s/p lumbar fusion surgery (cold therapy with compression for DVT prophylaxis):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ODG (Knee and Leg Chapter), cryotherapy, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Heat/cold, Knee section, Online Version.

Rationale for the Decision:

A review of the records indicates that the cold therapy unit with compression for DVT prophylaxis not considered medically necessary and if the employee is considered high risk for DVT anticoagulation then DVT should be considered by the PCP. The ODG does not specifically address continuous cryotherapy under the Low Back section. There is information under the knee section. There is insufficient scientific literature to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. Additionally, ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, ODG states that while there are studies on continuous-flow cryotherapy there are no published high quality studies on the Game Ready device or any other combined system. The medical records submitted for review do not make clear why the employee, if being a high risk for DVT, was not placed on anticoagulation medication. **The request for vascutherm cold therapy unit; 30 additional days s/p lumbar fusion surgery (cold therapy with compression for DVT prophylaxis) is not medically necessary and appropriate.**

2) Regarding the request for h-wave home unit 3 additional months; 30-60 minute sessions :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pp.117-118, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Hwave, pg. 117, which is a part of the MTUS.

Rationale for the Decision:

MTUS Guidelines indicate H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of HWave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. However, per guidelines there should be documentation stating, "... (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function." The medical records submitted for review dated 7/10/13 noted that the employee has tried the Transcutaneous Electrical Nerve Stimulation (TENS) unit at home for one month and it did not help the employee. There is no documentation of these details (how often the unit was used, etc). **The request for h-wave home unit 3 additional months; 30-60 minute sessions is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.