

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

6/27/2013

Date of Injury:

4/21/2011

IMR Application Received:

7/29/2013

MAXIMUS Case Number:

CM13-0003731

- 1) MAXIMUS Federal Services, Inc. has determined the request for an **intermittent cold therapy compression device rental for 30 days is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 6/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 an **intermittent cold therapy compression device rental for 30 days is 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 Preventive Medicine and Occupational, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, reportedly associated with an industrial injury of April 21, 2011.

In a utilization review report of July 3, 2013, the claims administrator denies an intermittent cold therapy compression device with associated DVT prophylaxis rental x30 days. It is stated that the applicant has been authorized to undergo multilevel cervical spine surgery and fusion.

In a July 26, 2013, letter, the applicant's attorney states that the intermittent cold therapy plus DVT compression device is medically necessary after surgery to prevent blood clots associated with the same.

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 employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for an intermittent cold therapy compression device rental for 30 days:

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 Br Med J 1972; 1:131 doi: 10.1136/bmj.1.5793.131 (Published 15 January 1972) Papers and Originals Prevention of Deep Vein Thrombosis by Intermittent Pneumatic Compression of Calf 1. N.H. Hills, 2. J.J. Pflug, 3. K. Jeyasingh, 4. Lynn Boardman, 5. J.S. Calnan Abstract., which is not part of the MTUS, ODG-TWC.com/odgtwc/knee.html#venousthrombosis, which is not part of the MTUS, and <http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>, which is not 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 [Chest](#). 2012 Feb;141(2 Suppl):e278S-325S. doi: 10.1378/chest.11-2404. Prevention of VTE in orthopedic surgery patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, [Falck-Ytter Y](#), [Francis CW](#), [Johanson NA](#), [Curley C](#), [Dahl OE](#), [Schulman S](#), [Ortel TL](#), [Pauker SG](#), [Colwell CW Jr](#); [American College of Chest Physicians](#), which is not part of the MTUS, and the North American Spine Society, Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care, NASS Clinical Guidelines – Antithrombotic Therapies in Spine Surgery, which is not part of the MTUS, and the ODG, Knee, Integrated Treatment/Disability Duration Guidelines, which is not part of the MTUS.

Rationale for the Decision:

The American College of Chest Physicians (ACCP) noted in 2012 that an intermittent pneumatic compression device should be employed in patients undergoing major orthopedic surgery for a minimum of 10 to 14 days. In this case, the employee is undergoing multilevel spinal fusion surgery. There is apparently some concern that the employee may be postoperatively immobile. The recommendations of the ACCP are echoed by those of the North American Spine Society (NASS), which also endorses usage of mechanical compression devices in the lower extremities following elective spinal surgery to diminish risk of postoperative thromboembolic complications. The ODG shoulder chapter continuous-flow cryotherapy topic endorses cryotherapy as an option for postoperative treatment, but not for nonsurgical treatment. In this case, the employee is undergoing a fairly major spine surgery.

It appears that some elements of compression device prophylaxis following the employee's multi-level cervical fusion surgery is indicated. While 30 days may represent a rather protracted amount of time for the employee to use this device, particularly if becoming ambulatory, it appears more appropriate to certify the 30-day rental as opposed to non-certifying, with the understanding that the device may not be needed during the entire 30-day rental if the employee becomes ambulatory at an earlier point in time.

The request for an intermittent cold therapy compression device rental for 30 days is 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

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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.