

Case Number:	CM13-0013834		
Date Assigned:	09/27/2013	Date of Injury:	06/03/2002
Decision Date:	01/22/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old gentleman who was injured in a work related accident on 8/14/01; he sustained an injury to the left knee. Clinical records for review include a 7/24/13 authorization request by [REDACTED] for use of a VascoTherm Intermittent pneumatic compression device for deep venous thrombosis. This was to be used postoperatively for a left unicompartmental knee arthroplasty, which was to take place on 7/26/13. Postoperative records for review include an 8/15/13 assessment indicating the injured worker was doing well, with imaging showing a well positioned unicompartmental lateral arthroplasty with 0 to 120 degrees range of motion and excellent stability.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCOTHERM INTERMITTENT PCD: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Vasopneumatic devices.

Decision rationale: The California MTUS/ACOEM Guidelines are silent on this issue, but when looking at the Official Disability Guidelines criteria, vasopneumatic devices are recommended as an option to reduce edema after acute injury. In this case, the claimant was to undergo a unicompartmental arthroplasty on the date of surgery. The specific request in this case was for perioperative use. The role of a vasopneumatic device or of compression devices following knee arthroplasty would be considered a standard level of care and would appear warranted, given the nature of the claimant's aggressive lower extremity procedure.