

Case Number:	CM13-0016885		
Date Assigned:	06/06/2014	Date of Injury:	05/29/2013
Decision Date:	07/11/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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/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 injured worker is a 59 year old female who reported an injury to her right knee. A clinical note dated 07/24/13 indicated the injured worker complaining of aching, throbbing pain at the right knee. The injured worker rated the pain as 2-4/10. Initiating weight bearing, prolonged weight bearing activities all exacerbated pain. The injured worker utilized Norco and Relafin for pain relief. Upon exam, mild tenderness to palpation was identified over the medial patellar joint line extending into the medial femoral condyle. The injured worker was identified as having a positive compression test. The procedure note dated 07/03/13 indicated the injured worker undergoing right knee injection. The X-rays of the left knee dated 03/06/13 revealed a previous knee arthroplasty with lucency around the medial aspect of the femoral component. A clinical note dated 03/27/13 indicated the injured worker previously undergoing chemotherapy treatments. Lab studies revealed no unusual findings. The Utilization review dated 08/22/13 resulted in denial for a vascutherm device as the devices were considered experimental/investigational.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM INTERMITTENT PCD FOR DVT: Upheld

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 (ODG) KNEE AND LEG CHAPTER, VENOUS THROMBOSIS.

Decision rationale: The clinical documentation indicates the injured worker complaining of right knee pain. A vascutherm device is indicated for injured workers who are identified as being at a high risk for developing venous thrombosis or for injured workers requiring prophylactic measures such as consideration for anticoagulation therapy. No information was submitted regarding the injured worker being at risk for venous thrombosis. No information was submitted regarding the previous utilization of coagulation therapy. Given this, the request is not indicated as medically necessary.