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| Case Number: | CM13-0024997 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 06/20/2003 |
| Decision Date: | 04/17/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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 Anesthesiology , Pain Management, and is licensed to practice in Florida. 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 patient is a 58-year-old female who reported an injury on 06/20/2003. The patient is currently diagnosed with lumbosacral spondylosis without myelopathy, diabetes mellitus, obesity, lumbar strain, internal derangement of the knee, and contusion of an unspecified part of the upper limb. The most recent Physician's Progress Report was submitted on 07/15/2013 by [REDACTED]. The patient reported 6/10 pain with activity limitation. Physical examination revealed tenderness to palpation, intact sensation, full range of motion, and negative straight leg raising. Treatment recommendations included continuation of a home exercise program.

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 RENTAL FOR 7 DAYS E0676, E0660` VASCUTHERM INTERMITTENT PCD FOR DVT RENTAL FOR 30 DAYS E0676, E0660: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);KNEE & LEG, CONTINUOUS-FLOW CRYOTHERAPY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, VENOUS THROMBOSIS

Decision rationale: The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration of anticoagulation therapy. As per the documentation submitted, there is no indication that this patient has undergone a surgical procedure. There is also no indication that this patient falls under a high-risk category for developing a postoperative venous thrombosis. The only Physician's Progress Report submitted for review is documented on 07/15/2013. The medical necessity for the requested durable medical equipment has not been established. As such, the request for Vascutherm Intermittent PCD for DVT Rental for 7 Days Vascutherm Intermittent PCD for DVT Rental for 30 Days is non-certified.