Case Number:	CM13-0037768		
Date Assigned:	12/18/2013	**Date of Injury:**	04/08/2002
Decision Date:	02/11/2014	**UR Denial Date:**	10/15/2013
Priority:	Standard	**Application Received:**	10/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 47 year-old male with a 4/8/2002 industrial injury claim. He has been diagnosed with: s/p right leg mid-shaft femoral fracture with chronic pain extending to the right hip, s/p right hip arthroscopy 7/8/2013; s/p placement of intramedullary rod in right femur, 2002; s/p arthroscopic lateral meniscectomy right knee and removal of screws right distal femur 8/20/03; chronic depression; with additional diagnoses for which the patient is not being treated include: chronic lumbosacral myofascial pain; chronic thoracic myofascial pain; chronic cervical myofascial pain; chronic DJD left knee from favoring the right knee due to the 4/8/02 injury; chronic left patellofemoral pain, s/p fall on 6/26/11 resolved with respect to the left forearm and elbow; left hip pain, probably from favoring his right hip. The IMR application shows a dispute with the 10/15/13 UR decision. The 10/15/13 UR decision is from [redacted] and is based on the 10/11/13 medical report from [redacted], and recommends non certification for a vascutherm unit. Unfortunately, the 10/11/13 medical report from [redacted] was not available for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PROSPECTIVE REQUEST FOR 1 VASCUTHERM UNIT BETWEEN 10/11/2013 AND 12/14/2013: 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) ODG Hip and Pelvis chapter for Cryotherapy.

Decision rationale: ODG knee chapter Continuous-flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. (Hubbard, 2004) (Morsi, 2002) (Barber, 2000) The available scientific literature is insufficient 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. (BlueCross BlueShield, 2005) This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. (Raynor, 2005) There is limited information to support active vs passive cryo units. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. (Aetna, 2006) This study concluded that continuous cold therapy devices, compared to simple icing, resulted in much better nighttime pain control and improved quality of life in the early period following routine knee arthroscopy. (Woolf, 2008) Two additional RCTs provide support for use after total knee arthroplasty (TKA). Cold compression reduced blood loss by 32% and pain medication intake by 24%. (Levy, 1993) It improved ROM and reduced hospital stay by 21%. (Kullenberg, 2006) See also Cold/heat packs. Recent research: This systematic review concluded that solely an analgesic effect was demonstrated by the use of continuous cooling. (Cina-Tschumi, 2007) Another systematic review concluded that, despite some early gains, cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA. (Adie, 2010) Although the use of cryotherapy may not be a statistically effective modality, according to this systematic review, it may provide patient benefits. (Markert, 2011). Limited information is available on this request. The Vascutherm unit was apparently requested by the orthopedic surgeon, [redacted] on his 10/11/13 report. This report was not provided for IMR. There is no rationale provided for the request. I do have reports from [redacted] who notes [redacted] perfor