

Case Number:	CM13-0046108		
Date Assigned:	12/27/2013	Date of Injury:	02/06/1997
Decision Date:	12/17/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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 patient with a date of injury of 2/6/97. A utilization review determination dated 10/25/13 recommends non-certification of Vascutherm. The patient underwent right TKR on 9/30/13. 7/30/13 medical report identifies recommendations of right total knee replacement, OxyContin, Percocet, skilled nursing facility x 1 week, walker, CPM, and a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm twice a month for four months 4 W/DVT for Right Knee: 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 Chapter, Compression Cryotherapy, Continuous-Flow Cryotherapy, and Venous Thrombosis.

Decision rationale: Regarding the request for Vascutherm, the device is noted to include cold therapy, compression, and DVT prophylaxis. CA MTUS does not address the issue. ODG supports cold and compression therapy for up to 7 days after surgery, and mechanical compression should be utilized for knee arthroplasty for all patients in the recovery room and during the hospital stay. Therefore, the requested device is not supported for more than 7 days

and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request for Vascutherm is not medically necessary.