

Case Number:	CM13-0064278		
Date Assigned:	01/03/2014	Date of Injury:	04/11/2010
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine and Pulmonary Diseases 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 31-year-old female who reported an injury on 04/11/2010. The mechanism of injury was noted to be the patient tripped on a box on the ground and fell. The patient is status post right knee arthroscopic chondroplasty of the medial femoral condyle, chondroplasty of the patella, and excision of the medial plica within the medial compartment on 11/14/2013. A request was made for Vascutherm pneumatic compression therapy for a 14-day rental. The patient's diagnoses were noted to include right knee persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm pneumatic compression therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG

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, Continuous Flow Therapy, Venous Thrombosis.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is useful postoperatively and may be used for up to 7 days. The guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing

prophylactic measures, such as consideration of oral anticoagulation therapy. There was a lack of documentation indicating that the patient had been identified as a person who was at high risk for developing venous thrombosis. There was a lack of documentation indicating a necessity for treatment beyond 7 days. The patient underwent knee surgery on 11/14/2013. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for a Vascutherm pneumatic compression therapy is not medically necessary or appropriate.