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| Case Number: | CM13-0064430 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 02/28/1998 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 11/26/2013 |
| 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 Family Practice, 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 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 66-year-old female who reported an injury on 02/28/1998. The mechanism of injury was noted to be that the patient walked into a stationary patient lift. The patient underwent a right total knee arthroplasty on 07/11/2006 and a revision of the total knee arthroplasty on 02/25/2008. The patient additionally underwent a revision of a loose right total knee replacement on 11/21/2013. The patient's diagnosis is osteoarthritis, right knee. The request was made for cold therapy with DVT/VascuTherm for a 28 day rental for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent cold therapy with DVT/Vascu Therm 28 day rental for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Continuous Flow Therapy

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. They 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 a 28 day rental for the cold therapy unit. Given the above and the lack of documentation of exceptional factors, the request for intermittent cold therapy with DVT/VascuTherm 28 rental for the right knee is not medically necessary.