

Case Number:	CM13-0067538		
Date Assigned:	01/03/2014	Date of Injury:	10/13/2010
Decision Date:	05/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old female who has a date of work injury to her left knee on 10/13/10. Her diagnoses include chronic chondromalacia/osteoarthritis of the left knee status post left knee arthroscopy with meniscectomy (on 3/14/12) with superimposed left patella fracture on 6/20/13. Per documentation the patient required a knee brace after her surgery but could return to work part time. There is a request for a retrospective decision for a sixty day rental of Vascutherm. A 10/13/10 primary treating physician progress report that states that the patient continues to have pain, swelling and stiffness of the left knee. She has been compliant with her knee immobilizer and crutches. On physical exam of the left knee her skin is intact. Her wound is healed without signs of infections. There is no ecchymoses or erythema. There is some slight quad atrophy. Her range of motion is 0 to 50 passively without crepitus or pain. Her gait is antalgic as she favors the left lower extremity. Her neurovascular status is intact. Her x-rays of the left knee revealed a well aligned healing patella fracture. She is 6-7 weeks out post fall. The treatment plan included a hinged post op left knee brace, a Vascutherm unit to help with rehabilitation of her knee following patella fracture and also her underlying chondromalacia status post arthroscopy. She will have physical therapy and receive new crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIXTY DAY RENTAL OF VASCUTHERM (RETROSPECTIVE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Continuous-Flow Cryotherapy; Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The request for a sixty (60) day rental of a VascuTherm (retrospective) is not medically necessary per ODG guidelines. The MTUS guidelines do not specifically address VascuTherm cold compression unit. The VascuTherm is a Compression and Localized Thermal (hot and cold) Therapy Device with DVT Prophylaxis. The ODG recommends Continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Per guidelines postoperative use generally may be up to 7 days, including home use. There is no documentation that patient will not be mobile or has any conditions that warrant post op DVT prophylaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines Chest. 2012; 141(2_suppl):7S-47S. doi:10.1378/chest.1412S3. There is no documentation submitted as to why the patient cannot use an at home ice pack or heating application or compression stockings if needed. The patient did not have a recent surgery. Additionally the request for a 60 day rental exceeds the recommended ODG duration of use for patients that are postoperative. The request for a 60 day rental of VascuTherm is not medically necessary.