

Case Number:	CM13-0072105		
Date Assigned:	01/08/2014	Date of Injury:	05/21/2012
Decision Date:	04/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational 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:

The applicant has filed a claim for chronic knee pain associated with an industrial injury of May 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; knee arthroscopy on October 21, 2013; ankle surgery on August 5, 2013; a knee corticosteroid injection; and unspecified amounts of postoperative physical therapy. In a December 9, 2013 progress note, the applicant is described as improved following earlier knee surgery. It is stated that the applicant's favorable response to the knee surgery does retrospectively support the need for the same. A November 26, 2013 progress note is notable for comments that the applicant reports persistent multifocal 5-9/10 shoulder, knee, and low back pain with associated headaches. The applicant is having issues with anxiety, depression, and insomnia. Home exercises and physical therapy are sought. Tramadol is renewed. The applicant is placed off of work, on total temporary disability. On November 4, 2013, the attending provider sought pre-approval for durable medical equipment in the form of an interferential unit. Multiple notes interspersed through 2013 are notable for comments that the applicant is off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

A VASCUTHERM COLD COMPRESSION THERAPY UNIT (30 DAY RENTAL):

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Venous Thrombosis and Thromboembolism.

Decision rationale: The MTUS does not address the topic. The VascuTherm device represents a form of thermal compression therapy, continuous cooling device, and DVT prophylaxis device. The MTUS does not address any of the topics at hand. As noted in the ODG Knee Chapter Continuous-Flow Cryotherapy topic, continuous-flow cryotherapy devices and/or the cooling unit being sought here are recommended as an option for postoperative use, typically in the order of seven days. In this case, the applicant is several months removed from the date of the surgery in question. Continued usage of a continuous cooling device is not indicated. Similarly, the MTUS does not address the topic of the need for postoperative prophylaxis following knee surgery/knee arthroscopy surgery. However, as noted in the ODG Knee Chapter Venous Thrombosis topic, DVT prophylaxis is recommended in individuals with some comorbidities. It is not routinely recommended in individuals undergoing relatively mild arthroscopy procedures. Thus, continuous usage of the device in question for an additional 30 days cannot be supported on the grounds that ODG do not support continuous-flow cryotherapy in individuals beyond the seven-day mark of the date of surgery and on the grounds that ODG recommends identifying high-risk individuals in whom deep venous thrombosis prophylaxis is indicated. In this case, there is no indication or evidence that the claimant has any issues which predispose him toward a DVT. Therefore, the request is not certified.