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| Case Number: | CM14-0002683 | | |
| Date Assigned: | 01/29/2014 | Date of Injury: | 07/25/2010 |
| Decision Date: | 06/16/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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:

Medical records from 2013 were reviewed and showed left knee pain. The patient was diagnosed with left knee instability and left knee arthritis. She underwent a diagnostic left knee arthroscopy on October 21, 2013; postoperative diagnoses were left knee pain; left knee grade IV medial and lateral femoral chondromalacia; grade IV lateral tibial chondromalacia; and left knee loose body. Physical examination of the left knee showed moderate antalgia with left lower extremity weight bearing; limitation of motion; and decreased muscle strength. The patient was authorized with Vascutherm Unit for 7 days, and requests for an extension of rental period for 30 days. Utilization review dated December 27, 2013 denied the request for Vascutherm hot/cold compression device rental x 30 days because the guideline allows post-operative use of a cold therapy unit for 7 days which was already authorized to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: VASCUTHERM HOT/COLD COMPRESSION FOR THE LEFT KNEE, RENTAL x 30 DAYS; 10/28/13-11/26/13: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Flow Cryotherapy And Low Back Chapter, Cold/Heat Packs.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Knee and Leg chapter, Continuous flow cryotherapy and Low Back Chapter, Cold/heat packs were used instead. The Official Disability Guidelines (ODG) state that continuous-flow cyrotherapy is an option after surgery and can be used for up to 7 days. Heat/cold modalities are recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. In this case, the patient is status post left knee arthroscopy on 10/21/2013. She has already been authorized with a Vascutherm Unit post-operatively for 7 days, and requests for an extension of rental period for 30 days. The guideline recommends use of heat/cold modalities for 7 days only. Moreover, there were no acute exacerbations of pain, Also, there was no objective evidence of overall pain relief and functional gains with its use. There is no clear rationale as to the necessity of this modality. Therefore, the retrospective request for Vascutherm hot/cold compression for the left knee, rental x 30 days; 10/28/13-11/26/13 was not medically necessary.