

<b>Case Number:</b>	CM14-0111328		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 42-year-old female with a reported date of injury on 08/08/2011. The mechanism of injury was due to a twisting injury. Her diagnoses were noted to include status post bilateral arthroscopic knee surgery, recurrent left knee pain with mild patellofemoral chondromalacia with recurrent tear to the medial meniscus to the right knee, posterior tear to the posterior horn of the medial meniscus with small joint effusion, and mild degenerative changes of the medial femoral tibial compartment. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 02/27/2014 revealed the injured worker complained of left knee pain associated with swelling and giving way feeling when going down the stairs. The physical examination of the left knee revealed no evidence of recent trauma, moderate tenderness was elicited about the left knee over the medial joint line and there was a slight tenderness under the medial subpatella facet on the left side. Crepitation was slightly felt and the patella apprehension test was negative. No instability was demonstrated and the injured worker's McMurray test increased pain to the left knee, but the Slocum, drawer, Lachman, and pivot shift signs were negative. There was evidence of a small joint diffusion, but no quadriceps atrophy was observed. The range of motion test was noted to be diminished. The Request for Authorization form was not submitted within the medical records. The request was for Vascutherm; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Vascutherm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Game Ready accelerated recovery system.

**Decision rationale:** The request for DME: Vascutherm is not medically necessary. The injured worker's surgery was on 05/05/2014. The Official Disability Guidelines recommend cold compression therapy as an option after surgery, but not for nonsurgical treatment. The continuous flow cryotherapy use of vasocompression is recommended; however, there are no published high quality studies on any combined system. However, in a recent, randomized control trial, patients treated with compressive cryotherapy after anterior cruciate ligament reconstruction had better pain relief and less dependence on narcotic use than treated with cryotherapy alone. There is a lack of documentation regarding the injured worker being at risk for deep vein thrombosis. Therefore, the request is not medically necessary.