

<b>Case Number:</b>	CM14-0118502		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/03/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 28-year-old male who reported an injury on 02/09/2009. The mechanism of injury was a slip and fall. Current medications were noted to include hydrocodone 5/325 mg a half a tablet every other day, and naproxen sodium 275 mg. Surgical history was noted to include a right knee arthroscopy, resection of the frayed bucket handle tear, repair of the remnant lateral meniscus posterior one third, anterior cruciate ligament reconstruction to patellar tendon, partial medial meniscectomy and a suture repair of the posterior horn of the medial meniscus, and partial medial meniscectomy on the left knee that was performed on 06/10/2010, and a right knee lateral meniscectomy that was performed on 07/29/2014. Diagnostic studies include multiple were noted to include multiple MRI's of the bilateral knees with the most recent MRI of the right knee being performed on 07/18/2012 which revealed diminutive appearance of the mid body and posterior horn to the medial suggestive of prior partial meniscectomy, peri-articular edema with periphery of the weight-bearing surface of the medial femoral condyle and the medial tibial plateau. The most recent MRI of the left knee was performed on 10/09/2013 and revealed a thin remnant of the anterior cruciate ligament compatible with an ACL tear and rupture. The request is for a VascuTherm 4 DVT (deep vein thrombosis) system with DVT wraps and knee garment. The clinical note dated 06/12/2004 the patient states that his right knee surgery has been authorized, and the clinical note that is dated 07/29/2004 is the surgical note for the right knee surgery. The request for authorization received was dated 05/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VascuTherm 4 DVT System With DVT Wraps and Knee Garment: 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 & leg, Compression garments and continuous-flow cryotherapy.

**Decision rationale:** The request is for a VascuTherm 4 DVT system wraps and knee garment. ODG states compression garments are effective for management of edema and deep vein thrombosis. Continuous-flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment and is only recommended for 7 days. There is no documentation of the need for the deep vein thrombosis or history of the development of deep vein thrombosis to support the compression garment portion of the equipment. While continuous-flow cryotherapy would be supported after knee surgery, the request does not specify a specific duration of use. As such, the request is non-certified.