

<b>Case Number:</b>	CM14-0130763		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 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:

According to the records made available for review, this is a 63-year-old male with a 4/29/14 date of injury. At the time (6/27/14) of the request for authorization for Vascu-Therm, postoperative for cold therapy with Deep Vein Thrombosis (DVT) prophylaxis 21 day rental, there is documentation of subjective (moderate to severe pain in both knees) and objective (positive quadriceps atrophy, positive crepitus, positive medial and lateral joint line tenderness, positive patellofemoral facet tenderness) findings, current diagnoses (left and right knee meniscus tears and osteoarthritis), and treatment to date includes various medications. In addition, there is documentation that surgery has been authorized. There is no documentation of moderate, high, or very high risk for DVT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascu-Therm, Post Operative for Cold Therapy w / DVT Prophylaxis 21 day rental:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Continuous Flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter,

Venous thrombosisOther Medical Treatment Guideline or Medical Evidence:  
<http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>.

**Decision rationale:** ODG identifies that “mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay.” Medical Treatment Guideline necessitates “documentation of patient with moderate, high, or very high risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT (include passive devices, such as graduated compression (elastic) knee or thigh-high stockings (GCS); active (external pneumatic compress or intermittent pneumatic compression [IPC]) devices; or venous foot pumps (VFP).” Within the medical information available for review, there is documentation of diagnoses of left and right knee meniscus tears and osteoarthritis. In addition, there is documentation that surgery has been authorized. However, there is no documentation of moderate, high, or very high risk for DVT. Therefore, based on guidelines and a review of the evidence, the request for Vascu-Therm, postoperative for cold therapy w/DVT prophylaxis 21 day rental is not medically necessary.