

Case Number:	CM14-0173988		
Date Assigned:	10/27/2014	Date of Injury:	10/27/1993
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopedic Surgery 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:

This 67-year-old female sustained an industrial injury on 10/27/1993. Injury to both knees occurred relative to material handling. Past medical history was not documented in the available records but medications suggest the patient has diabetes and cardiac issues. Past surgical history was positive for left knee replacement in 1994, right knee arthroscopic partial medial and lateral meniscectomy and tricompartmental debridement on 5/17/04, and right total knee arthroplasty on 9/9/13. Records indicated that the patient did well during the initial post-operative period. A retrospective request was submitted by for 30-day rental of a VascuTherm compression device from 9/24/13 to 10/23/13. No medical information was provided specific to this request. The 9/23/14 utilization review modified the retrospective request for 30-day rental of a VascuTherm compression device to 7 days with purchase of the pad for use with the device. This modification was consistent with guideline recommendations for cold compression and deep vein thrombosis prophylaxis status post arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 30 day post-operative rental of VascuTherm compression device with purchase of pad for use with device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-disability.comm/odgtwclist.ht>

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, Cold compression therapy; Continuous flow cryotherapy, Venous Thrombosis

Decision rationale: The California MTUS is silent regarding cold compression units and deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines state that cold compression therapy is an option after knee surgery. In general, guidelines recommend continuous flow cryotherapy systems for up to 7 days post-op use. Additionally, the ODG indicate that mechanical compression should be utilized for total knee arthroplasty for all patients in the recovery room and during the hospital stay. The hospital length of stay recommendation for a total knee arthroplasty is 3 days. The 9/23/14 utilization review modified this request and approved a 7-day rental with purchase of the compression pad. There is no compelling reason presented to support the medical necessity of a cold compression unit or DVT prophylaxis beyond the 7-day rental already approved. Therefore, this request is not medically necessary.