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| Case Number: | CM14-0174964 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 08/07/2012 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 10/16/2014 |
| 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 27-year-old male with a date of injury of 08/07/2012. The listed diagnoses per [REDACTED] are: 1. Torn anterior cruciate ligament graft with recurrent instability. 2. Chondromalacia. 3. Synovitis. 4. Meniscal tear medial and lateral. 5. Status/post failed previous ACL reconstruction. According to progress report 10/03/2014, the patient is status post arthroscopic partial medial and lateral meniscectomy on 10/03/2014. [REDACTED] does not provide physical examinations in his progress reports. Postoperative protocol certificate of medical necessity from 10/03/2014 requests a VascuTherm iceless cold therapy/compression therapy and DVT prophylaxis for use following patient's knee arthroscopy, x14 day rental. Utilization review modified this certification from the requested 14-day rental to 7-day rental on 10/16/2014. Treatment reports from 02/07/2014 through 10/03/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm iceless cold therapy unit x 14 days rental: 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), Knee and Leg

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 has the following regarding continuous-flow cryotherapy

Decision rationale: This patient is status post left knee partial lateral and medial meniscectomy on 10/03/2014. The treater is requesting a VascuTherm iceless cold therapy unit for 14-day rental. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines under its Knee chapter has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, the treater has requested 17day rental and the use of the cold therapy unit outside of the postoperative 7 days is not medically necessary. The request is not medically necessary.