

Case Number:	CM14-0175217		
Date Assigned:	10/28/2014	Date of Injury:	05/06/2013
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 06/17/2006. The mechanism of injury was not provided. On 06/17/2014, the injured worker presented with pain and swelling of the knee along with complaints of neck, shoulder and back pain. The injured worker was 4 months status post arthroscopy, partial medial meniscectomy and chondroplasty of the medial femoral condyle of the left knee. Examination revealed swelling of the left knee with tenderness noted in the medial joint of the left knee. She had an antalgic gait with the use of a cane and tenderness in the medial joint line of the right knee. Pain was noted with range of motion of the right knee. The diagnoses were torn medial meniscus of the left knee, chondromalacia of the left knee, osteoarthritis of the left knee and osteoarthritis of the right knee. Other therapies included surgery and medications. The provider recommended post-op Vascutherm cold therapy. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post-Op Vascutherm Cold Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 and Leg, Game Ready Accelerated Recovery

Decision rationale: The request for Associated Surgical Service: Post-Op Vascutherm Cold Therapy is not medically necessary. The Official Disability Guidelines recommended a Vascutherm Cold Therapy is an option after surgery, but not for nonsurgical treatment. The game ready system combines continuous flow cryotherapy with the use of vasco compression. While there are studies of continuous flow of cryotherapy, there are no published high quality studies on game ready devices or any other combined system. Guidelines recommend 7 days of postoperative care with the use of cold therapy unit, including home use. However, the provider's request does not indicate the length of time that the postop Vascutherm Cold Therapy Unit would be indicated for and whether it was for rental or purchase. Additionally, the site at which the Vascutherm Cold Therapy was indicated for was not provided in the request as submitted. As such, medical necessity has not been established; therefore, the request is not medically necessary.