

Case Number:	CM14-0023257		
Date Assigned:	05/14/2014	Date of Injury:	11/01/2011
Decision Date:	07/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/24/2014

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 Pain Management, 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 55-year-old female with a date of injury of 11/01/2011. The patient was diagnosed with bilateral carpal tunnel syndrome, spondylitis cervical spine, spondylosis lumbar spine, and meniscus tear right knee. According to the medical records, the patient underwent partial medial and lateral meniscectomy on 10/22/2013. On 01/08/2014, the patient had continued moderate pain in the right knee. The treating physician recommended some medication and right knee quad and hamstring exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL VASCUTHERM , INTERMITTENT LIMB THERAPY ,FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG); as well as the thermotekusa.com website.

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

Decision rationale: This patient status on 10/22/2013 was post arthroscopy, partial medial and lateral meniscectomy. The treating physician is requesting an additional VascuTherm intermittent limb therapy for the right knee. The VascuTherm is an iceless cold therapy, compression and deep vein thrombosis (DVT) prophylaxis therapy unit. The MTUS and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not discuss cold therapy units. The ODG Guidelines state continuous-flow cryotherapy is 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 Guidelines states the duration of postoperative use of continuous-flow cryotherapy to be for 7 days of use. As such, the request is not medically necessary.

PNEUMATIC APPLIANCE FOR PNEUMATIC COMPRESSOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

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

Decision rationale: This patient status on 10/22/2013 was post arthroscopy, partial medial and lateral meniscectomy. The treating physician is requesting a pneumatic appliance for pneumatic compressor. The ACOEM and The ODG guidelines do not discuss DVT compression device for the shoulder. However, The ODG states venous thrombosis is recommended for monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and this depends on the invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk, but arthroplasty would be higher risk), the postoperative immobilization period and the use of central venous catheters. In this case, there are no discussions as to why a DVT system is being requested, as there is no documentation of the patient high risk of developing venous thrombosis. As such, the request is not medically necessary.