

Case Number:	CM14-0026853		
Date Assigned:	06/13/2014	Date of Injury:	05/07/2003
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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, 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 73-year-old male who sustained an injury to his left knee on 05/07/03. The clinical note dated 01/16/14 reported that the injured worker continued to complain of left knee pain following a revision left total knee arthroplasty. The medical records indicated that the injured worker received an extensive amount of post-operative physical therapy. Plain radiographs revealed stable appearing total knee arthroplasty components in good position and alignment without gross loosening or failure. Physical examination noted well healed scar secondary to previous left knee surgery; range of motion 10-50 degrees with hard end point and joint line tenderness; sensation intact; no motor strength deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAYS USE OF THE VASCUTHERM: 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 chapter (acute & chronic), Continuous-flow therapy unit.

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 chapter, Continuous-flow cryotherapy.

Decision rationale: The request for 30 day use of the vascutherm is not medically necessary. The medical records indicate that the patient underwent surgical intervention on 10/09/12. The Official Disability Guidelines (ODG) states that post-operative use generally may be up to seven days, including home use. The request is for 30 days. There was no additional significant objective clinical information provided that would support the need to exceed the ODG's recommendations. Given the above, medical necessity of the request for 30 day use of the vascutherm has not been established. The recommend is for non-certification.