

Case Number:	CM14-0027045		
Date Assigned:	06/13/2014	Date of Injury:	05/03/2012
Decision Date:	07/31/2014	UR Denial Date:	01/30/2014
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 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:

The injured worker is a 28-year-old female who reported an injury on 05/03/2012. She reported that she was stepping down off a ladder and felt a popping sensation in her right knee with associated pain. On 06/06/2012, there were 4 x-rays taken of the right knee with findings of no acute fracture or bone destruction. There was no significant abnormality. At that time, she was given a knee brace to wear. A pre-surgical MRI of the right knee on an unknown date was performed and the result was an abnormality. On 10/03/2012, she underwent an arthroscopy and partial medial meniscectomy and chondroplasty of the medial femoral condyle on the right knee. On 01/08/2014, in an office visit follow-up note, she was noted to have significant pain in the right knee and was unable to bend the knee past 30 degrees, with the knee being essentially locked. In a 01/15/2014 neurological examination, she reported intermittent pain in the upper back, mid back, low back, buttocks, and both thighs rated at 5/10. She had intermittent right leg pain described as 7/10. She also reported weakness of the right lower limb. She further reported impaired sleep due to pain. She had diminished sensation over the right leg and foot with the pinwheel with exception of the right knee, which was hypersensitive. Another MRI of the right knee on 10/17/2013 showed a tear over the body and posterior horn of the medial meniscus which appeared diminutive and a mild narrowing of the medial compartment. There was a request for authorization dated 01/29/2014, but no rationale submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE VASCUTHERM 4 WITH DVT COLD COMPRESSION 35 DAY RENTAL FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Game Ready's accelerated recovery system.

Decision rationale: The requested postoperative VascuTherm 4 with DVT cold compression 35 day rental for the right knee is not medically necessary. The Official Disability Guidelines recommend cold therapy compression as an option after surgery. It further states while there are studies on continuous flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a recent yet to be published controlled trial, patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. The request for repeat arthroscopy was non-certified. There was no record of a repeat arthroscopy having been performed on this worker. Therefore, the request for postoperative VascuTherm 4 with DVT cold compression 35 day rental for the right knee is not medically necessary.