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| Case Number: | CM14-0036997 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 05/22/2012 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 02/28/2014 |
| Priority: | Standard | Application Received: | 03/27/2014 |

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:

This 43-year-old female sustained an industrial injury on 5/22/12. Injury occurred when she fell landing on her hands and knees. She underwent right knee surgery for a medial meniscus tear on 8/23/13. An 8/20/13 prescription for VascuTherm-cold compression therapy and pad for post-operative use was submitted retrospectively. The 2/28/14 utilization review modified the request for VascuTherm cold compression therapy to 7 days use consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Cold Compression Therapy unit rental for 21 days 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 Official Disability Guidelines, 2014, Knee: Continuous- flow cryotherapy.

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, Cold compression therapy, Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold compression units. The Official Disability Guidelines state that cold compression therapy is an option after knee surgery. In general, guidelines recommend continuous flow cryotherapy systems for up to 7 days post-

operative use. The 2/28/14 utilization review decision partially certified the request for VascuTherm cold compression therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold compression device beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request for VascuTherm cold compression therapy unit rental for 21 days for the right knee is not medically necessary.