

Case Number:	CM14-0042296		
Date Assigned:	06/30/2014	Date of Injury:	01/15/2010
Decision Date:	08/14/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational Medicine 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 claimant was injured on 01/15/10 when he hyperextended his right knee. A DME Vascutherm for rental and purchase of a leg garment for use 14 days postoperatively are under review. The claimant is status post autologous chondrocyte implantation on 02/28/14. On 04/18/14, this DME was requested by [REDACTED]. He is status post arthroscopic meniscectomy in July 2010. He had arthroscopic surgery again in 02/14. On 03/13/14, the claimant saw [REDACTED] and he was 2 weeks status post right knee arthrotomy with autologous chondrocyte implantation. He was doing well and was compliant with CPM. He was about 0-60. He still had an effusion. He had received the ACI physical therapy protocol and was to continue use of crutches and limit his weight-bearing. Preoperatively, he was noted to have a large osteochondral lesion of the medial femoral condyle and was status post microfracture. He also had chondromalacia of the patellofemoral joint. A note dated 04/23/14 indicates that the request was withdrawn by [REDACTED]. The rest of the notes precede or appear to be unrelated to this current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm rental-leg garment purchase: Upheld

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

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, GameReady device.

Decision rationale: The history and documentation do not objectively support the request for Vascutherm unit for 14 days postop following autologous chondrocyte implantation. The MTUS do not address the use of DME following surgery. The ODG state this type of device may be "recommended as an option after surgery, but not for nonsurgical treatment. See Continuous-flow cryotherapy. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. 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 RCT, 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 ODG allow the use of this type of device following ACL reconstruction but do not support its use following ACI. The medical necessity of this request has not been demonstrated.