

Case Number:	CM14-0042723		
Date Assigned:	06/30/2014	Date of Injury:	09/23/2011
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 46-year-old gentleman was reportedly injured on September 23, 2011. The mechanism of injury is shifting his weight while standing on an uneven surface. The most recent progress note, dated April 24, 2014, is for a postoperative wound check and indicates that there are ongoing complaints of left knee pain. The physical examination noted no signs of infection. There was a mild left knee effusion and range of motion from 10 to 115 degrees. There was a referral to physical therapy and Vicodin was prescribed. Diagnostic imaging studies reported a medial meniscus tear, lateral intra-meniscal degeneration, and patellar chondromalacia. Previous treatment includes a left knee arthroscopic partial lateral meniscectomy and chondroplasty of the patellofemoral joint. A request was made for postoperative use of a vascultherm polar care unit rental for 30 days and was not certified in the per-authorization process on April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME POST-OP VASCUTHERM POLAR CARE UNIT RENTAL X30 DAYS:: Upheld

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

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, Continuous Flow Cryotherapy, Updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines the use of a cryotherapy unit after surgery can help decrease pain, inflammation, swelling, and narcotic usage. Postoperative use is generally up to seven days including home use. As this request is for 30 days time without additional justification, this request for postoperative use of a vascutherm polar care unit rental for 30 days and is not medically necessary.