

<b>Case Number:</b>	CM14-0067729		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/19/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 & Rehabilitation 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 39-year-old female who reported injury on 09/19/2009. The mechanism of injury was not provided. The diagnostic studies included an MRI of the right knee. The documentation of 03/20/2014 revealed the injured worker had complaints of slight pain in the right knee with occasional minimal swelling and giving way going downstairs. The injured worker was noted to experience a clicking sensation towards the outside of her right knee. The medications were noted to be Advil, propranolol, Zetia, Relpax, as well as birth control pills. The physical examination revealed the injured worker had moderate tenderness over the right lateral joint line and lateral sub patellar facet. There was crepitation and lateral clicking and the patellar apprehension test was negative. The diagnoses included chondromalacia patella right knee with lateral patella clicking and lateral patella facet syndrome, degenerative cyst/ganglion lateral meniscus right knee, and ganglion associated with posterior cruciate ligament. The treatment plan included a right knee arthroscopy and postoperative physical therapy. The injured worker was noted to be scheduled to undergo surgical intervention on 04/28/2014. There was no Request for Authorization submitted for the requested DVT wrap and Vascutherm x30 days for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm x 30 days, right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee 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 & Leg Chapter, Continuous Flow Cryotherapy, Venous Thrombosis.

**Decision rationale:** The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days postoperatively. Additionally, they recommend identifying injured workers who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The guidelines further indicate that compression garments are effective in the management of prevention for deep vein thrombosis. The clinical documentation submitted for review failed to provide documented rationale for the requested service. There was a lack of documentation indicating a necessity for 30 days of treatment and indicating the necessity for a Vascutherm intervention versus continuous flow cryotherapy and possible compression stockings. There was a lack of documentation indicating the injured worker had been assessed for the possibility of deep vein thrombosis. Given the above, the request for Vascutherm x30 days right knee is not medically necessary.

**DVT Wrap:** 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 & Leg Chapter, Continuous Flow Cryotherapy, Venous Thrombosis.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.