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| Case Number: | CM14-0067875 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 07/21/2011 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 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 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:

According to the records made available for review, this is a 56-year-old female with a 7/21/11 date of injury, and status post left knee arthroscopy 4/21/14. At the time (4/28/14) of request for authorization for Vascutherm for DVT Prophylaxis intermittent limb therapy 30 days rental, left knee per RFA QTY: 1 and wrap per RFA dated 4/18/14 QTY: 1, there is documentation of subjective (left knee pain at the medial aspect, occasional sensation of weakness and giving way) and objective (antalgic gait, positive McMurray, range of motion 0-126 degrees, 3/4 quadriceps strength) findings, current diagnoses (left knee meniscus tear and status post left knee arthroscopy 4/21/14), and treatment to date (medications, activity modification, and exercises). 4/21/14 medical report identifies that the patient has obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm for Deep vein thrombosis (DVT) Prophylaxis intermittent limb therapy 30 days rental, left knee per RFA QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) web version, knee section notes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter,

Continuous-flow cryotherapy, Venous thrombosis and Other Medical Treatment Guideline or Medical Evidence: <http://www.sosmedical.net/products/featured-products/vascutherm>.

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, ODG identifies that mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. Medical Treatment Guideline necessitates documentation of patient with moderate, high, or very high risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT (include passive devices, such as graduated compression (elastic) knee or thigh-high stockings (GCS); active (external pneumatic compress or intermittent pneumatic compression [IPC]) devices; or venous foot pumps (VFP)). Within the medical information available for review, there is documentation of diagnoses of left knee meniscus tear and status post left knee arthroscopy 4/21/14. In addition, there is documentation of moderate risk for DVT. However, given that the request is for 30 days rental, the proposed number of days exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Vascutherm for DVT Prophylaxis intermittent limb therapy 30 days rental, left knee per RFA QTY: 1 is not medically necessary.

Wrap per RFA dated 4/18/14 QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) web version, Knee section notes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy, Venous thrombosis and Other Medical Treatment Guideline or Medical Evidence: <http://www.sosmedical.net/products/featured-products/vascutherm>.

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, ODG identifies that mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. Medical Treatment Guideline necessitates documentation of patient with moderate, high, or very high risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT (include passive devices, such as graduated compression (elastic) knee or thigh-high stockings (GCS); active (external pneumatic compress or intermittent pneumatic compression [IPC]) devices; or venous foot pumps (VFP)). Within the medical information available for review, there is documentation of diagnoses of left knee meniscus tear and status post left knee arthroscopy 4/21/14. In addition, there is documentation of moderate risk for DVT. However, given that the request is for 30 days rental, the proposed number of days exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for wrap per RFA dated 4/18/14 QTY: 1 is not medically necessary.

