

Case Number:	CM14-0089662		
Date Assigned:	07/25/2014	Date of Injury:	05/19/2008
Decision Date:	10/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/13/2014

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:

According to the records made available for review, this is a 74-year-old male with a 5/19/08 date of injury. At the time (5/20/14) of request for authorization for 21 day rental of Vascutherm 4 for postoperative treatment to the left knee, there is documentation of subjective (sharp, moderate to severe knee pain) and objective (tenderness over the medial joint line and patellofemoral facet, positive McMurray test, and decreased range of motion) findings. The current diagnoses are left knee patellofemoral pain syndrome, left knee degenerative joint disease, and left knee internal derangement. The treatment to date includes medications and physical therapy. Medical report identifies a left knee arthroscopy and debridement that has been authorize/certified. There is no documentation that the patient is at a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 day rental of Vascutherm 4 for postoperative treatment to the left 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

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

care (cold therapy unit); Venous thrombosis 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. Official Disability Guidelines identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, Official Disability Guidelines identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of diagnoses of left knee patellofemoral pain syndrome, left knee degenerative joint disease, and left knee internal derangement. However, despite documentation of a left knee arthroscopy and debridement that has been certified, there is no documentation that the patient is at a high risk of developing venous thrombosis. In addition, the requested 21 day rental of Vascutherm 4 for postoperative treatment to the left knee exceeds guidelines (up to 7 days, including home use). Therefore, based on guidelines and a review of the evidence, the request for 21 day rental of Vascutherm 4 for postoperative treatment to the left knee is not medically necessary.