

Case Number:	CM14-0098295		
Date Assigned:	07/28/2014	Date of Injury:	05/27/2011
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 Pennsylvania. 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 is a 55 year old female who sustained a vocational injury on 05/27/11. There are no clinical notes available for review. In review of the previous Utilization Review Determination it is documented that the claimant was certified for a right knee surgery. This request is for VascuTherm with Deep Vein Thrombosis (DVT) wrap and cold therapy unit for twenty-eight days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascuthern with Deep Vein Thrombosis (DVT) wrap and cold therapy unit for 28 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 - TWC, Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 18th Edition; 2013 Updates; Knee and Leg chapter, Continuous-flow cryotherapy.

Decision rationale: Based on the California ACOEM Guidelines and the Official Disability Guidelines, the request for a VascuTherm DVT wrap and cold therapy unit for twenty-eight days cannot be considered medically necessary. There is no documentation to indicate that the claimant is at a high risk to develop Deep Vein Thrombosis. ACOEM Guidelines support the use of cold packs to relief discomfort. The Official Disability Guidelines support the use of continuous flow cryotherapy for up to seven days. This request is for twenty-eight days that far exceeds the recommended guidelines. Therefore, based on the documentation presented for review and according to the ACOEM Guidelines and the Official Disability Guidelines, the request for a VascuTherm DVT wrap and cold therapy unit for twenty-eight days is not medically necessary.

Post-operative brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 18th Edition; 2013 Updates; Knee and Leg chapter, Knee brace.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for a post-operative brace cannot be recommended as medically necessary. The medical records fail to establish that the claimant meets any of the criteria that Official Disability Guidelines have described as being medically reasonable for knee braces. Subsequently the request for the post-operative brace cannot be considered medically necessary.