

Case Number:	CM14-0188280		
Date Assigned:	11/18/2014	Date of Injury:	12/22/2013
Decision Date:	01/07/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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:

This case involves a 28 year old male injured worker who developed chronic left lateral epidylitis subsequent to a 12/22/2013 injury. After a prolonged trial of conservative care surgery (lateral epicondylar release) was elected. As a part of his preoperative visit he was dispensed a Vacutherm 4 unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4, 30 day rental: 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), Shoulder (Acute & Chronic)

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

Decision rationale: A Vacutherm unit is very similar to a "Game Ready" unit. These units combine compression with continuous cooling or heat. This device is fitted with various wraps depending upon the area to be used. MTUS Guidelines do not address this issue; therefore, Official Disability Guidelines (ODG) was used to directly address this issue for postoperative

use. The main discussion of this type of unit is in the ODG Knee section where it is concluded that a maximum of 7 days postoperative use is sufficient for continuous cooling and the Guidelines also specifically state that a Game Ready unit is not recommended. Therefore, this request for a Vascutherm 30 day rental is not medically necessary.

One Vascutherm wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The wrap is directly related to the Vascutherm unit that is not medically necessary. Therefore, this request is also not medically necessary.