

Case Number:	CM14-0188840		
Date Assigned:	11/19/2014	Date of Injury:	05/13/2013
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Maryland. 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 has a history of a work injury occurring on 05/13/13 when he developed bilateral knee pain while working as a [REDACTED] truck driver. Treatments included physical therapy. On 01/31/14 he underwent left knee arthroscopic surgery. Right knee arthroscopic surgery had been recommended. Subsequent treatments included an extensive post-operative course of physical therapy. He continued to work at modified duty. He was seen by the requesting provider on 09/02/14. He was having bilateral knee discomfort and residual weakness. Physical examination findings included full knee range of motion. He had proximal joint tenderness and difficulty arising from a squat position. Norco was prescribed. On 10/27/14 he was having bilateral knee pain with popping. He was having difficulty with activities such as riding in a car for more than 30 minutes and was having difficulty sleeping. Physical examination findings included bilateral superior patellar tenderness. There was normal strength and sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 1 month rental-DOS 1/31/2014 QTY: 30.00: 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 (Acute & Chronic), Cold/heat packs

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic knee pain. Treatments have included left knee arthroscopic surgery, physical therapy, and medications. Right knee arthroscopic surgery has been recommended. The requested VascuTherm unit provides compression and localized heat and cold thermal therapy. Indications include edema reduction, lymphedema, chronic venous or arterial insufficiency, and pain. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for compression therapy. Therefore, the requested VascuTherm rental is not medically necessary.

Wrap QTY: 30.00: 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 (Acute & Chronic), Cold/heat packs

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic knee pain. Treatments have included left knee arthroscopic surgery, physical therapy, and medications. Right knee arthroscopic surgery has been recommended. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for compression therapy. The requested wrap for use with the VascuTherm unit rental is not medically necessary.