

<b>Case Number:</b>	CM14-0199770		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/07/2009
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 is a 49-year-old male with an 11/07/2009 date of injury, when a rack containing 12 gallons of milk hit the patient's left thigh and knee. The patient underwent left knee arthroscopic surgery on 1/26/10 and right big toe surgery on 4/11/14. The patient was seen on 10/7/2014 with complaints of left knee pain and difficulty walking. Exam findings revealed antalgic gait and intact neurovascular status. The patient was certified for a total left knee replacement surgery on 11/20/14. The range of motion of the left knee was -5 degrees to 125 degrees. The diagnosis is osteoarthritis of the left knee and status post left knee arthroscopy. Treatment to date: work restrictions, Synvisc and Euflexxa injections, physical therapy, DME, and medications. An adverse determination was received on 11/20/2014. The request for post-operative vascultherm cold therapy times 14 days was modified to a seven day rental given that 7 days was warranted by the Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Post-operative vascultherm cold therapy times 14 days:** 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 and Leg Chapter) Continuous-flow cryotherapy/ Game Ready unit

**Decision rationale:** California MTUS does not address this issue. Official Disability Guidelines (ODG) states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. The patient was certified for a total left knee replacement surgery on 11/20/14. Postoperative use of cryotherapy units generally may be up to 7 days, including home use. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the vascultherm device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for DVT. In addition, there is no rationale indicating the necessity for a 14-day treatment with vascultherm, given that a 7-day period was supported by the Guidelines. In addition, the UR decision dated 11/20/2014 modified the request for post-operative vascultherm cold therapy times 14 days to a seven days therapy. Therefore, the request for Post-operative vascultherm cold therapy times 14 days was not medically necessary.