

<b>Case Number:</b>	CM14-0203087		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/23/1997
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 injured worker is a 46 year old male who sustained a work related injury on 02/23/1997 while working as a deputy sheriff. The mechanism of the injury was not documented in the clinical records submitted for review. Diagnoses consist of: chondromalacia of patellofemoral compartment, synovitis, meniscal tear lateral, and partial tear of proximal patellar tendon. The injured worker underwent magnetic resonance imaging 02/23/2013. According to the clinical records submitted; the injured worker the injured worker underwent left knee diagnostic /operative arthroscopy, partial lateral meniscectomy, synovectomy/debridement, open left knee arthrotomy with debridement and repair of partial tear proximal patellar tendon on 09/26/2014; in addition to being status post for previous right knee surgery in 1997 and 1998. The most recent clinical physician report dated 08/14/2014 the physician records that the worker continues to have pain and discomfort on the side of his left knee. The injured worker's work status is documented as retired from the sheriff's department. This is a request for decision for (retro) Vascutherm cold compression rental 14 days for left knee DOS: 09/26/2014 to 10/10/2014 and (retro) Compression therapy wrap purchase DOS: 09/26/2014. The reason for the requested services was not documented in the clinical records submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Vascutherm cold compression rental 14 days for left knee (DOS: 09/26/14 to 10/10/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Knee and Leg Procedure Summary

**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 section, Cold compression therapy and Continuous-flow cryotherapy

**Decision rationale:** The MTUS is silent regarding cold compression therapy. The Official Disability Guidelines, however, states that a combination of continuous-flow cryotherapy with the use of vaso-compression is recommended as an option after knee surgery, although evidence to support this is limited, but supportive none-the-less. This combination therapy is not recommended for non-surgical treatment and is recommended for a short period (such as 3-7 days following surgery) for pain control. In the case of this worker who underwent a left knee arthroscopy/meniscectomy, a cold compression therapy device seems reasonable to rent for a short period of time for pain relief; however, there is no benefit to prolong this cold therapy beyond 1 week or so. Therefore, the post-surgical 14-day rental of the cold compression device is not medically necessary.

**Retrospective: Compression therapy wrap purchase (DOS: 09/26/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Knee and Leg Procedure Summary

**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 section, Compression garments

**Decision rationale:** The MTUS Guidelines are silent regarding compression garments and wraps. The Official Disability Guidelines, however, states that compression garments may be considered for the reduction in risk of developing a deep venous thrombosis and are recommended in certain situations. Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Those at high risk should be considered for anticoagulation therapy in addition to compression. It is not clear in the case of this worker, who underwent a left knee arthroscopy/meniscectomy, as to why the compression wrap was recommended along with the cold compression device (for additional pain relief or for reduction in risk of deep vein thrombosis). Without a clear indication for this purchase and application and no explanation found in the documentation provided for review, the compression wrap is not medically necessary.