

<b>Case Number:</b>	CM14-0203917		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/01/2004
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehabilitation, 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 69 year old male sustained a work related injury on 05/01/2004. According to an orthopedic consultation dated 05/15/2014, the injured worker developed significant pain in both knees on the date of injury. He underwent two right knee arthroscopies and one left knee arthroscopy. There is history of hypertension, diabetes, and cardiac disease. There is prior certification for total knee arthroplasty. The patient is reportedly on Coumadin. Per peer reviewer, the provider's office noted the surgery has been postponed indefinitely for medical reasons and will be postponed until the patient gets medical clearance at which time they will resubmit. He continued to have left knee symptoms. He complained of left knee pain that was aggravated by walking, squatting and twisting of the knee. Symptoms were alleviated by rest and cortisone injections. Weight bearing x-rays of the left knee revealed joint space narrowing and sclerosis. There was no evidence of a fracture or dislocation. The radiology report was not submitted for review. The provider's noted impression included left knee traumatic arthritis. The provider recommended a left total knee replacement. According to an orthopedic evaluation dated 11/3/14, the injured worker reported the onset of nasal congestion and coughing. Physical examination revealed antalgic gait favoring the left lower extremity. Examination of the left knee revealed tenderness over the joint line. Range of motion was limited and painful. He coughed throughout the entire examination. The injured worker was temporarily totally disabled. According to the provider, because of the cold that the injured worker had developed, he could not undergo surgery at that time. Surgery was postponed until his congestion and cough had resolved. In the meantime, he was to continue with home exercises and the use of medication. On 11/11/2014, Utilization Review non-certified Vascutherm 4 rental x 30 days for the left knee and DVT knee vasc wrap purchase for the left knee. According to the Utilization Review physician, the surgery had been postponed indefinitely as the patient was ill. Based on

this information the request for a Vascutherm unit and DVT knee vasc wrap is not medically necessary. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Vascutherm 4 rental x 30 days for left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.aetna.com/cpb/medical/data/200\\_299/0297.html](http://www.aetna.com/cpb/medical/data/200_299/0297.html), Cryoanalgesia and Therapeutic Cold

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, page 292

**Decision rationale:** This 69 year old male sustained a work related injury on 5/1/2004. According to an orthopedic consultation dated 5/15/14, the injured worker developed significant pain in both knees on the date of injury. He underwent two right knee arthroscopies and one left knee arthroscopy. There is history of hypertension, diabetes, and cardiac disease. There is prior certification for total knee arthroplasty. The patient is reportedly on Coumadin. Per manufacturer, the Vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. Although records noted prior authorization for knee TKA, recent peer review noted the surgery was on hold indefinitely due to the patient's comorbid medication conditions. The provider had previously requested for this Vascutherm hot/cold compression unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of VascuTherm cold/heat compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Nevertheless, per peer reviewer, the provider's office noted the surgery has been postponed indefinitely for medical reasons and will be postponed until the patient gets medical clearance at which time they will resubmit. Records submitted had no new information or clarification of planned surgery. There are no reports noting medical clearance for surgery or stabilization of medical condition prior to TKA. The Vascutherm 4 rental x 30 days for left knee is not medically necessary and appropriate.

#### **DVT knee vasc wrap purchase for the left knee: 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) Knee and Leg regarding Venous Thrombosis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, page 292.

**Decision rationale:** Please see rational #1. As the Vascutherm 4 Rental x 30 days for Left Knee is not medically necessary and appropriate; thereby, the DVT Knee vasc wrap purchase for the Left Knee is not medically necessary and appropriate.