

<b>Case Number:</b>	CM14-0069840		
<b>Date Assigned:</b>	05/16/2014	<b>Date of Injury:</b>	02/19/2005
<b>Decision Date:</b>	01/19/2015	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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, has a subspecialty in Pain 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 patient with a date of injury of 2/19/05. A utilization review determination dated 4/28/14 recommends non-certification of Vascutherm, Knee CPM, and sheepskin/knee pad purchase. Medical reports note that the patient is status post left total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm 14 Day Rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, Continuous-Flow Cryotherapy

**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, Continuous-flow cryotherapy and Venous thrombosis

**Decision rationale:** Regarding the request for Vascutherm, California MTUS does not address the issue. ODG does support cold therapy units for up to 7 days postoperatively. With regard to DVT prophylaxis, they recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. They also note that, for patients undergoing THR or TKR, ACCP

recommends the optimal use of mechanical thromboprophylaxis with the VFP (venous foot pump) or IPC (intermittent pneumatic compression) for patients with a high risk of bleeding. When the high bleeding risk decreases, ACCP recommends that pharmacologic thromboprophylaxis be substituted for or added to the mechanical thromboprophylaxis. Within the documentation available for review, while there is some support for the initial use of the device, there is no rationale for its use for 14 days and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Vascutherm is not medically necessary.

**KNEE CPM 14 DAY RENTAL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG KNEE CHAPTER, CONTINUOUS PASSIVE MOTION

**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 Chapter, Continuous passive motion (CPM)

**Decision rationale:** Regarding the request for CPM, California MTUS and ACOEM do not contain criteria for this treatment modality. ODG recommends postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), after total knee arthroplasty, anterior cruciate ligament reconstruction, and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Within the information made available for review, the patient is noted to be status post total knee arthroplasty. In light of the above, the currently requested CPM is medically necessary.

**SHEEPSKIN KNEE PAD 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 ODG KNEE CHAPTER, WALKING AIDS

**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 Chapter, Continuous passive motion (CPM)

**Decision rationale:** Regarding the request for sheepskin knee pad purchase, it appears that this is being requested for use with the CPM unit, which is medically necessary. Therefore, the sheepskin knee pad purchase is medically necessary.