

<b>Case Number:</b>	CM15-0000922		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 53 year old male sustained an industrial injury on 9/23/11. He subsequently suffers from left shoulder and right knee pain. The injured worker was diagnosed with right knee anterior cruciate ligament and meniscal tears. The injured worker was referred to physical therapy. An MRI revealed damage to the ACL and meniscus. Exam note 8/16/14 demonstrates that claimant has complaint of left shoulder pain worse with active range of motion. Exam note 9/24/14 demonstrates pain radiating to the right upper trapezius. Range of motion measured 170 degrees of flexion and 165 degrees of abduction. Surgery was performed on 11/20/14. Current medications include hydrocodone, cyclobenzaprine, nabumetone, alprazolam and omeprazole. The UR decision dated 12/29/14 non-certified Vascutherm with DVT 30 day rental, DVT Calf wrap and underarm aluminum crutches. Vascutherm with DVT 30 day rental, DVT Calf wrap and underarm aluminum crutches were not certified based on the lack of clear indications and the MTUS, ODG and ACOEM recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm with DVT 30 day rental:** 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) - Treatment in Workers' Compensation (TWC), Chapter Knee & Leg (Acute & Chronic) updated 10/27/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cold compression therapy

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the determination is for non-certification.

**DVT cal wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Compression garments

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommended to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. The patient underwent a routine shoulder arthroscopy on 11/20/14. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device.

**Crutches underarm alum:** 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) - Treatment in Workers' Compensation (TWC), Chapter Knee and Leg last updated 10/27/2014, Walking Aids (Canes, Crutches, Braces, Orthoses & Walkers)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter, walking aids

**Decision rationale:** The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking

slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." In this case there is lack of functional deficits noted in the exam note from 9/24/14 to warrant crutches. Therefore the determination is for non-certification.