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| <b>Case Number:</b>   | CM15-0100896 |                              |            |
| <b>Date Assigned:</b> | 06/03/2015   | <b>Date of Injury:</b>       | 08/27/2007 |
| <b>Decision Date:</b> | 07/01/2015   | <b>UR Denial Date:</b>       | 05/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2015 |

### 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: Emergency Medicine

### 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 58 year old female, who sustained an industrial injury on August 27, 2007. The mechanism of injury was not provided. The injured worker has been treated for left knee complaints. The diagnoses have included left knee pain, left knee medial meniscus tear and left knee chondromalacia. Treatment to date has included medications, radiological studies, physical therapy and left knee surgery. Current documentation dated May 4, 2015 notes that the injured worker was two weeks status-post left knee arthroscopy. The injured worker was noted to be doing well with minimal discomfort. Examination of the left knee revealed a mild effusion and a painful and decreased range of motion. The injured worker had started physical therapy. The treating physician's plan of care included a request for a retrospective Vascutherm 14 day rental and compression therapy pad (date of service 4/22/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Vascutherm 14 day rental and compression therapy pad (DOS 4/22/15):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Acute and Chronic, Vasopneumatic devices (wound healing).

**Decision rationale:** The requested Retrospective Vascutherm 14 day rental and compression therapy pad (DOS 4/22/15), is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee and Leg, Acute and Chronic, Vasopneumatic devices (wound healing) noted: "Recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury." The injured worker has that the injured worker was two weeks status-post left knee arthroscopy. The injured worker was noted to be doing well with minimal discomfort. Examination of the left knee revealed a mild effusion and a painful and decreased range of motion. The treating physician has not documented sufficient post-operative edema to establish the medical necessity for this DME, including for the duration requested. The criteria noted above not having been met, Retrospective Vascutherm 14 day rental and compression therapy pad (DOS 4/22/15) is not medically necessary.