

Case Number:	CM15-0107267		
Date Assigned:	06/11/2015	Date of Injury:	10/02/1991
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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 64 year old female who sustained an industrial injury on 10/02/1991. Current diagnosis includes left knee revision. Previous treatments included medications, left total knee arthroplasty, and left total knee arthroplasty revision on 03/06/2015. Report dated 02/17/2015 noted that the injured worker presented with complaints that included bilateral knee pain. Pain level was 9 out of 10 on a visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for medications and surgical intervention. Disputed treatments include retrospective request for Vascutherm hot/col compression with DVT prophylaxis 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Vascutherm hot/col compression with DVT prophylaxis 30 days:

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 & Leg 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; Knee & Leg, Acute & Chronic, Vacuum-assisted closure wound-healing Official Disability Guidelines; Knee & Leg, Acute & Chronic, Vasopneumatic devices (wound healing).

Decision rationale: The requested Retrospective request for Vascutherm hot/cold compression with DVT prophylaxis 30 days, is not medically necessary. CA MTUS is silent. Official Disability Guidelines; Knee & Leg, Acute & Chronic, Vacuum-assisted closure wound-healing note "Recommended in the treatment of diabetes-associated chronic leg wounds and diabetic ulcers of the feet. Under study for other wounds. Chronic skin wounds (including pressure ulcers, diabetic ulcers, and vascular ulcers) are a major source of morbidity, lead to considerable disability, and are associated with increased mortality. Vacuum-assisted closure therapy is a technology designed to improve wound healing. The body of evidence is insufficient to support conclusions about the effectiveness of vacuum-assisted closure in the treatment of wounds." CA MTUS is silent. Official Disability Guidelines; Knee & Leg, Acute & Chronic, Vasopneumatic devices (wound healing) note "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 bilateral knee pain. Pain level was 9 out of 10 on a visual analog scale (VAS). Physical examination was positive for abnormal findings. Previous treatments included medications, left total knee arthroplasty, and left total knee arthroplasty revision on 03/06/2015. The treating physician has not documented problems with wound healing, excessive post-op edema, DVT risk factors nor the medical necessity for 30 days of DVT prophylaxis. The criteria noted above not having been met, Retrospective request for Vascutherm hot/cold compression with DVT prophylaxis 30 days is not medically necessary.