

<b>Case Number:</b>	CM15-0144201		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/24/2004
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on 9-24-2004. Diagnoses have included right medial meniscus tear and derangement of anterior horn of lateral meniscus. Treatment to date has included physical therapy, injections and medication. The injured worker underwent right knee arthroscopy on 5-13-2015. Per the visit note dated 5-28-2015, the injured worker was two weeks post-operative. She was having occasional, sharp pain. She was using a brace. She denied any numbness. Exam of the right knee revealed mild swelling and global tenderness to palpation. The plan was to start physical therapy. According to the progress report dated 6-11-2015, the injured worker complained of right knee pain and swelling. She was one month status post right knee arthroscopy. Physical exam revealed slight swelling in the right knee. Port scars were healed. Authorization was requested for Game Ready intermittent pneumatic compression/cold therapy unit rental extension x 14 days, right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Game ready intermittent pneumatic compression/cold therapy unit rental extension x 14 days, right 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, Knee & Leg Chapter.

**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:** 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. The patient underwent surgical procedure and the provider has requested for this hot/cold compression unit. Submitted reports have not demonstrated any obesity condition, smoking history, or intolerance to anticoagulants in the prevention of DVT nor identified how the procedure would prevent the patient from mobility post surgery. 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 cold compression therapy with pad and wrap, 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. The patient is s/p knee arthroscopy on 5/13/15, over 4 months past. The Game ready intermittent pneumatic compression/cold therapy unit rental extension x 14 days, right knee is not medically necessary and appropriate.