

Case Number:	CM15-0181208		
Date Assigned:	09/22/2015	Date of Injury:	03/12/2015
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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: Pennsylvania, Ohio, 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 35 year old female who sustained an industrial injury on 03-12-15. A review (04-28-15 through 08-31-15) of the medical records reveals the injured worker is undergoing treatment for left knee patella fracture displaced, left knee sprain-strain, and status post left knee surgery. The date of the knee surgery is unclear from the documentation, but prior to 04-28-15. Medical records (05-27-15 through 07-29-15) reveal the injured worker complains of left knee pain rated at 10/10. The physical exam (07-29-15) reveals diminished range of motion in the left knee, as well as tenderness to palpation and muscle spasm in the anterior knee. Prior treatment includes knee surgery and medications including pain medications and antibiotics. The original utilization review (08-19-15) non certified the request for a Vascutherm cold compression unit and deep vein thrombosis left knee 30 day extension. There is no mention in the progress notes from 04-28-15 through 08-31-15 of a vascutherm cold compression unit. The unit was requested on 08-04-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold compression unit with DTV left knee 30 day extension: 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 and Leg, game ready accelerated recovery system.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Venous Thrombosis.

Decision rationale: Official Disability Guidelines/Treatment in Workers Compensation discusses venous thrombosis prophylaxis in the section on the knee. This guideline states "recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures." The records in this case do not provide an assessment of the patient's risk for deep venous thrombosis. For the timeframe under consideration, the patient would be expected to be ambulatory at that time and would not be expected to require ongoing equipment for deep venous thrombosis unless there were a complication or other exceptional circumstance which is not documented in the available information. Therefore, the guidelines have not been met and this request is not medically necessary.