

Case Number:	CM15-0202282		
Date Assigned:	10/19/2015	Date of Injury:	11/19/2013
Decision Date:	11/30/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/14/2015

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: Montana, Oregon, Idaho
 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:

The injured worker is a 71 year old male, who sustained an industrial injury on 11-19-2013. Diagnoses include bilateral shoulder sprain-strain, status post arthroscopy, lumbar sprain-strain with radicular complaints, and bilateral knee sprain-contusion. Treatments to date include activity modification, braces, medication therapy, TENS unit, physical therapy, chiropractic therapy, acupuncture treatments, and shockwave therapy treatments. On 9-16-15, he complained of intermittent bilateral shoulder and right knee pain associated with feeling of instability. The physical examination documented tenderness of bilateral knees along medial-lateral joint lines. The shoulders and lumbar spine were tenderness with decreased range of motion and positive musculoskeletal findings. The plan of care included post-operative physical therapy and a wrap-around hinged left knee brace. The appeal requested authorization for durable medical equipment (DME) vascutherm, four (4) week rental unit for the right knee. The Utilization Review dated 9- 18-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 week rental for the 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 (ODG), Knee & Leg (Acute & Chronic)-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 (ODG) knee and leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the records indicate that the injured worker underwent arthroscopic right knee surgery on 7/15/15. However, the request of DME rental exceeds the maximum number of days recommended in the guidelines. Therefore, the request is not medically necessary.