

Case Number:	CM15-0038337		
Date Assigned:	03/09/2015	Date of Injury:	05/28/2014
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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 52-year-old male, who sustained an industrial injury on May 28, 2014. The diagnoses have included meniscus tear, lumbar sprain/strain, lumbosacral radiculitis, knee sprain/strain and hip and knee osteoarthritis. A progress note dated February 2, 2015 provided the injured worker complains of low back and right leg pain. He reports he did not take pain medication prior to office visit and rates current pain as 9/10 in the back and 8/10 in the right hip and knee with numbness and tingling. He has sleep disturbance related to pain. Physical exam notes he wears a knee brace. Plan is to continue medication, heat therapy, use of Transcutaneous Electrical Nerve Stimulation (TENS) unit and depression screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of vascultherm intermittent pneumatic compression device (PCD): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. There is no report of surgical procedure. The provider has requested for this vascuTherm hot/cold compression unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. 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 vascuTherm cold/heat compression therapy, 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 Rental of vascuTherm intermittent pneumatic compression device (PCD) is not medically necessary and appropriate.