

Case Number:	CM15-0048766		
Date Assigned:	03/20/2015	Date of Injury:	04/09/2013
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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, Pain Management

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 45 year old male who sustained an industrial injury on 4/9/13. The injured worker reported symptoms in the bilateral knees, right greater than left. The injured worker was diagnosed as having right knee recurrent medial meniscal rear. Treatments to date have included nonsteroidal anti-inflammatory drugs, status post right knee surgery, rest, ice, anti-inflammatory medication, home stretching and strengthening exercise program. Currently, the injured worker complains of right knee pain. The plan of care was for a Vascutherm compression rental and a follow up appointment at a later date. A utilization review determination dated October 30, 2014 recommends certification of a right knee arthroscopic surgery, postoperative physical therapy, a knee brace, assistant surgeon, and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold compression 14 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. 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, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for Polar Care, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery. Within the documentation available for review, the patient was certified for arthroscopy and meniscectomy of the knee. Guidelines support the use of cold therapy following arthroscopic surgery for 7 days. Unfortunately, there is no provision to modify the currently requested 14 day cold compression device. As such, the currently requested Vascutherm cold compression 14 day rental is not medically necessary.