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| <b>Case Number:</b>   | CM15-0054069 |                              |            |
| <b>Date Assigned:</b> | 03/27/2015   | <b>Date of Injury:</b>       | 09/16/2014 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/23/2015 |

### 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: Massachusetts

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:

This 46 year old male sustained an industrial injury on 9/16/14. He subsequently reported knee trauma. Diagnostic testing has included x-rays and MRIs. Diagnoses include left knee MCL sprain, ACL tear and PCL tear. Treatments to date have included left knee surgery, physical therapy and prescription pain medications. The injured worker continues to experience left knee pain. A request for Vascutherm cold/compression unit for the left knee (rental/30 days) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Vascutherm cold/compression unit for the left knee (rental/30 days): 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, Vasopneumatic cryotherapy - see 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 & Leg (Acute & Chronic), Cold/heat packs.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and underwent left knee arthroscopic surgery in January 2015. Treatments have included postoperative physical therapy and medications. He continues to have left knee pain. The requested VascuTherm unit provides compression and localized heat and cold thermal therapy. Indications include edema reduction, lymphedema, chronic venous or arterial insufficiency, and pain. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for compression therapy. Therefore, the requested VascuTherm rental is not medically necessary.