

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0081520 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 03/27/2012 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 04/28/2015 |

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: Internal Medicine

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 46 year old male, who sustained an industrial injury on 3/27/12 when he fell from a ladder. The injured worker sustained injuries including closed-head trauma, left temporal intracerebral hematoma, subarachnoid hemorrhage, and a hemispheric cerebral contusion. The injured worker was diagnosed as having head trauma/cranial fracture, chronic back pain, left leg numbness, constant headaches, constant dizziness, chronic fatigue, depressive disorder, cognitive disorder, and persistent left knee pain. Treatment to date has included physical therapy, epidural injections, left knee arthroscopic debridement of the medial meniscus on 2/4/15, and medications. Currently, the injured worker complains of headache, back pain, left leg numbness, and left knee pain. The treating physician requested authorization for Vascutherm rental for 14 days and purchase of a compression therapy pad both provided on the date of service: 3/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm rental for 14 days, provided on date of service: 03/27/15: 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 Chapter, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Continuous-flow cryotherapy, Compression cryotherapy, Cryotherapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses passive modalities. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints indicate that passive modalities without exercise program is not recommended. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) indicate that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days. MRI magnetic resonance imaging of the left knee dated September 05, 2014 demonstrated tear of the medial meniscus body and posterior horn. Date of injury was March 27, 2012. An ultrasound lower extremity venous duplex bilateral performed on September 25, 2013 demonstrated no sonographic evidence for a deep vein thrombosis. The progress report dated October 29, 2014 documented the plan for left knee arthroscopy with debridement versus repair of the meniscal tear followed by a course of physical therapy and the use of TED support stockings. On November 05, 2014, the patient was authorized for left knee arthroscopy for debridement and post-operative use of TED stockings. Operative report dated February 04, 2015 documented the performance of left knee arthroscopic debridement of the medial meniscus. VascuTherm is a cold compression therapy device. VascuTherm rental for 14 days was requested for the date of service 3/27/15. Official Disability Guidelines (ODG) indicate that the postoperative use of continuous-flow cryotherapy is generally limited to 7 days. The request for VascuTherm rental for 14 days exceeds ODG guidelines, and is not supported. Therefore, the request for VascuTherm rental for 14 days is not medically necessary.

Purchase of Compression therapy pad, provided on date of service: 03/27/15: 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 Chapter, Game Ready.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Continuous-flow cryotherapy, Compression cryotherapy, Cryotherapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses passive modalities. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints indicate that passive modalities without exercise program is not recommended. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) indicate that continuous-flow cryotherapy is recommended as an option after surgery,

but not for nonsurgical treatment. Postoperative use generally may be up to 7 days. MRI magnetic resonance imaging of the left knee dated September 05, 2014 demonstrated tear of the medial meniscus body and posterior horn. Date of injury was March 27, 2012. An ultrasound lower extremity venous duplex bilateral performed on September 25, 2013 demonstrated no sonographic evidence for a deep vein thrombosis. The progress report dated October 29, 2014 documented the plan for left knee arthroscopy with debridement versus repair of the meniscal tear followed by a course of physical therapy and the use of TED support stockings. On November 05, 2014, the patient was authorized for left knee arthroscopy for debridement and post-operative use of TED stockings. Operative report dated February 04, 2015 documented the performance of left knee arthroscopic debridement of the medial meniscus. VascuTherm is a cold compression therapy device. VascuTherm rental for 14 days and purchase of a compression therapy pad was requested for the date of service 3/27/15. Official Disability Guidelines (ODG) indicate that the postoperative use of continuous-flow cryotherapy is generally limited to 7 days. The request for VascuTherm rental for 14 days and purchase of a compression therapy pad exceeds ODG guidelines, and is not supported. Therefore, the request for purchase of a compression therapy pad is not medically necessary.