

Case Number:	CM15-0083635		
Date Assigned:	05/05/2015	Date of Injury:	07/20/2012
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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 60-year-old male who sustained a work related injury July 20, 2012. While working as a messenger, he fell from the backside of a truck and twisted his right knee. He was diagnosed with a possible medial meniscal tear of the right knee. Past history included gastroesophageal reflux disease. On February 13, 2015, the injured worker underwent a right knee diagnostic arthroscopy with arthroscopic partial medial meniscectomy. According to a physician's progress report, dated April 1, 2015, the injured worker presented for an orthopedic re-evaluation regarding his right knee. Physical exam shows well healed arthroscopic portals. Assessment is documented as right knee injury 2012 with complex displaced medial meniscus tear and s/p right knee diagnostic and operative arthroscopy. Treatment plan included additional sessions of physical therapy and continue with conservative modalities of rest, ice anti-inflammatories, and analgesics. At issue, is the request for Vascutherm Cold Compression 14 day rental (right knee).

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 (right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. The patient underwent an arthroscopic knee procedure and the provider has requested for this hot/cold compression unit. Submitted reports have not demonstrated how obesity or being a smoker would prevent the patient from mobility post surgery. 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 cold compression therapy with pad and wrap, 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 Vascutherm cold compression 14-day rental (right knee) is not medically necessary and appropriate.