

<b>Case Number:</b>	CM14-0149752		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old female with a date of injury of July 16, 2013. The patient is status post right knee arthroscopy with medial meniscectomy on August 4, 2014. The earliest progress report provided for review is from May 1, 2014, which indicates that the patient has chronic right knee pain. She is unable to squat or kneel and there is decreased range of motion due to pain. Examination revealed tenderness to palpation on the medial joint line. There is crepitus and pain with ROM. MRI of the right knee revealed complex tear posterior horn and body of the medial meniscus. Plan was for operative treatment consisting of right knee arthroscopy and medial meniscectomy. Request for authorization from July 31, 2014 requests VascuTherm cold compression right knee 30 days, one pad for VascuTherm, DVT unit, and bilateral cold wraps for DVT. Utilization Review denied the request on August 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm cold compression right knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The patient is status post right knee arthroscopy with medial meniscectomy on August 4, 2014. The treater is requesting a VascuTherm cold compression and one pad for 30 days. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The Official Disability Guidelines recommends the duration of postoperative use of continuous-flow cryotherapy to be seven days. In this case, the treater has recommended this therapy for 30 days. Therefore, the request for Vascutherm cold compression for the right knee is not medically necessary or appropriate.

**Pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The patient is status post right knee arthroscopy with medial meniscectomy on August 4, 2014. The treater is requesting a VascuTherm cold compression and one pad for 30 days. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The Official Disability Guidelines recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, the treater has recommended this therapy for 30 days. Therefore, the request for a pad is not medically necessary or appropriate.

**A deep vein thrombosis (DVT) unit:** Overturned

**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)

**Decision rationale:** The patient is status post right knee arthroscopy with medial meniscectomy on August 4, 2014. The treater is requesting a DVT unit and bilateral cold wrap for unit. The ACOEM and MTUS guidelines do not discuss DVT compression devices. ODG guidelines under knee chapter recognizes orthopedic surgery as a risk factor for DVT and recommends anticoagulation therapy, such as ASA. ODG further states, "Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin

patients should receive sequential compression as needed." In this case, the patient underwent knee surgery and DVT compression device unit would appear reasonable and consistent with ODG. Therefore, the request for a DVT unit is medically necessary and appropriate.

**Bilateral cold wrap:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The patient is status post right knee arthroscopy with medial meniscectomy on 08/04/2014. The treater is requesting a DVT unit and bilateral cold wrap for unit. The ACOEM and MTUS guidelines do not discuss DVT compression devices. ODG guidelines under knee chapter recognizes orthopedic surgery as a risk factor for DVT and recommends anticoagulation therapy, such as ASA. ODG further states, "Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." In this case, the patient underwent knee surgery and DVT compression device with bilateral wrap would appear reasonable and consistent with ODG. Therefore, the request for a bilateral cold wrap is medically necessary and appropriate.

