

Case Number:	CM14-0164095		
Date Assigned:	10/08/2014	Date of Injury:	03/03/2000
Decision Date:	12/15/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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:

This is a 56-year-old male with a 3/3/2000 date of injury, when he injured his right knee. The patient was seen on 9/12/14 with complaints of 5/10 right knee pain and 3/10 left elbow pain. The patient was 3 months status post right total knee arthroplasty. The patient has been noted to be on NSAID and Cyclobenzaprine. Exam findings of the right knee revealed limited range of motion with pain and no signs of infection. The diagnosis is status post right total knee arthroplasty and left elbow pain. Treatment to date: right total knee arthroplasty, work restrictions, TENS unit, physical therapy, home exercise program and mediations. An adverse determination was received on 9/19/14 for a lack of medical rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of VascuTherm with full leg garment right knee/leg: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, continuous-flow cryotherapy

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment. Post-operative use generally may be up to 7 days, including home use. However, the progress note dated 9/12/14 indicated that the patient was 3 months status post right total knee arthroplasty. In addition, there is no rationale with clearly specified goals from treatment with a VascuTherm for the patient. Therefore, the request for Purchase of VascuTherm with full leg garment right knee/leg was not medically necessary.