

Case Number:	CM14-0170319		
Date Assigned:	10/20/2014	Date of Injury:	08/29/2013
Decision Date:	12/15/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 42-year-old male sustained an injury to his knee on 8/29/2013. An MRI scan was performed and the patient underwent arthroscopic surgery to the left knee on 1/31/2014. He continues to complain of constant pain in the knee following the surgery. A second MRI revealed a tear of the medial meniscus and the patient underwent a re-arthroscopy of the left knee with a partial medial meniscectomy on 9/23/2014. Postoperatively, Vascutherm Cold compression device was requested for a 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascutherm Cold Compression Device, x 30 day rental:

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 and Leg Chapter, 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, continuous flow cryotherapy

Decision rationale: This device is not covered in the CA MTUS. The ODG does recommend it as an option after surgery for up to 7 days. Therefore, the use of the Vascutherm Cold compression device for 30 days is not medically necessary.