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| Case Number: | CM14-0212206 | | |
| Date Assigned: | 01/02/2015 | Date of Injury: | 03/02/2012 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 11/18/2014 |
| Priority: | Standard | Application Received: | 12/18/2014 |

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 Rehab, 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 patient sustained an injury on 3/2/12 while employed by [REDACTED]. Request(s) under consideration include Retrospective (DOS unknown) Vascutherm 30 day rental and Retrospective (DOS unknown) cold compression unit purchase. Diagnoses include right knee disorder s/p revision of right partial knee replacement/ arthroplasty on 10/30/14. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted requests for post-operative DME. The request(s) for Retrospective (DOS unknown) Vascutherm 30 day rental and Retrospective (DOS unknown) cold compression unit purchase were modified for 7 day rental on 11/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS unknown) Vascutherm 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 (ODG), Knee & 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); Vasopneumatic Cryotherapy (Knee, pages 292); Venous Thrombosis (knee), pages 356-358.

Decision rationale: This patient sustained an injury on 3/2/12 while employed by [REDACTED]. Request(s) under consideration include Retrospective (DOS unknown) Vascutherm 30 day rental and Retrospective (DOS unknown) cold compression unit purchase. Diagnoses include right knee disorder s/p revision of right partial knee replacement/ arthroplasty on 10/30/14. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted requests for post-operative DME. The request(s) for Retrospective (DOS unknown) Vascutherm 30 day rental and Retrospective (DOS unknown) cold compression unit purchase were modified for 7 day rental on 11/18/14. Per manufacturer, 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 had right revision knee arthroplasty in October 2014. The provider has requested for this vascutherm hot/cold compression unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. 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 vascutherm cold/heat compression therapy, 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 Retrospective (DOS unknown) Vascutherm 30 day rental is not medically necessary and appropriate.

Retrospective (DOS unknown) cold compression unit purchase: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cryotherapy/Cold & Heat Packs, pages 381-382.

Decision rationale: This patient sustained an injury on 3/2/12 while employed by [REDACTED]. Request(s) under consideration include Retrospective (DOS unknown) Vascutherm 30 day rental and Retrospective (DOS unknown) cold compression unit purchase. Diagnoses include right knee disorder s/p revision of right partial knee replacement/ arthroplasty on 10/30/14. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted requests for post-operative DME. The request(s) for Retrospective (DOS unknown) Vascutherm 30 day rental and Retrospective (DOS unknown) cold compression unit purchase were modified for 7 day rental on 11/18/14. Per manufacturer, 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 had right revision knee arthroplasty in October 2014. The provider has requested for this vascutherm hot/cold compression unit; however, has not submitted reports of any risk for deep venous

thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. 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 vasotherm cold/heat compression therapy, 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 Retrospective (DOS unknown) cold compression unit purchase is not medically necessary and appropriate.