

Case Number:	CM14-0212889		
Date Assigned:	12/30/2014	Date of Injury:	08/13/2013
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 13, 2013. In a Utilization Review Report dated November 24, 2014, the claims administrator partially approved a request for 28 days of DVT compression and cold compression as one week of the same. The applicant's attorney subsequently appealed. In a September 3, 2014 office visit, the applicant reported ongoing complaints of knee pain secondary to knee arthritis status post earlier failed arthroscopic knee surgery. The applicant was on Norco and Advil. The applicant exhibited a visibly antalgic gait. X-rays demonstrated significant tricompartmental arthritis. DVT prophylaxis device was endorsed for 28 days of postoperative use. The attending provider suggested that the applicant would need a cane postoperatively. On April 28, 2014, the applicant was described as having undergone previous knee surgery in September 2012. The applicant denied any hospitalizations. The applicant denied any history of smoking. The applicant denied any history of cancer. The applicant was off of work and was collecting Workers' Compensation indemnity benefits, it was acknowledged. There was no mention of the applicant's having any other significant medical comorbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 with DVT- cold and compression 28 days only: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Prevention of Thromboembolic Disease section. ODG Knee Chapter, continuous-flow cryotherapy topic.

Decision rationale: The MTUS does not address the topics. While the Third Edition ACOEM Guidelines Knee Chapter does recommend usage of compressive stockings in applicants who undergo major knee surgery such as the total knee arthroplasty planned here, ACOEM qualifies its recommendation by noting that discontinuation is recommended by 14 days unless the ongoing issue such as delayed rehabilitation and delayed ambulation which result in applicant's resulting in increased risk for DVT. Here, there is no mention of the applicant's having issues with delayed ambulation postoperatively. Indeed, no postoperative progress notes were incorporated into the Independent Medical Review packet. Treatment for 28 days, thus, represents treatment well in excess of that supported by ACOEM post-operatively. Similarly, the 28 days of cold compression therapy/continuous-flow cryotherapy represent treatment in excess of the seven days of postoperative use for which continuous-flow cryotherapy is recommended, per ODG's Knee Chapter. Again, the attending provider did not outline any compelling applicant-specific factors which would support treatment for such a protracted duration well in excess of ODG parameters. Therefore, the request was not medically necessary.