

<b>Case Number:</b>	CM15-0007128		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/02/2007
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 49 year old female, who sustained an industrial injury on April 2, 2007. The injured worker has reported neck and upper and lower extremity injuries. The diagnoses have included cervical spine sprain, bilateral shoulder sprain, bilateral knee pain, complex tear of the medical meniscus of the left knee and lateral epicondylitis of the left elbow. Treatment to date has included pain medication, diagnostic testing, physical therapy, left knee cortisone injection, a left shoulder arthroscopic Sub-Acromial Decompression surgery on October 1, 2014 and a left knee arthroscopic partial medial and lateral meniscectomy with patellar chondroplasty on December 10, 2014. Current documentation dated December 16, 2014 notes that the injured worker was seen for evaluation of her left shoulder surgery which was two months prior and left knee surgery which was a week prior. The documentation notes that she was improving and had started therapy. Left shoulder examination revealed full range of motion. On December 31, 2014 Utilization Review non-certified a request for additional rental/extension of VascuTherm for 28 days. The MTUS, ACOEM Guidelines and Official Disability Guidelines, were cited. On January 13, 2015, the injured worker submitted an application for IMR for review of additional rental/extension of VascuTherm for 28 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional rental/extension on vascuTherm for 28 days: 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Cold compression therapy; Continuous-flow cryotherapy

**Decision rationale:** Per the 12/16/14 report the patient presents s/p left knee arthroscopy 12/10/14 and s/p left shoulder SAD 10/01/14. The treater states the patient's condition is improving and there is no evidence of postoperative conditions. The current request is for ADDITIONAL RENTAL/EXTENSION ON VASCUTHERM FOR 28 DAYS. The RFA included is dated 11/19/14 and is for a 30 day request with no mention of extension. The 12/31/14 utilization review states the provider request date is 12/23/14. The patient is retired. ODG, Knee and Leg Chapter, Cold compression therapy, does not discuss the vascutherm unit. Under the Game Ready accelerated recovery system it states that this unit combines continuous flow cryotherapy with the use of vaso-compression. ODG. Continuous-flow cryotherapy, states, "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." The treater does not explain why an extension of the vascutherm unit is needed in the reports provided. There is no discussion of the patient's use of the unit. Guidelines allow postoperative use up to 7 days and this request is for 28 days beyond an unknown period of prior use. Guidelines do not recommend non-postoperative use. Therefore, the request IS NOT medically necessary.