

<b>Case Number:</b>	CM15-0008770		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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:

The injured worker is a 57-year-old female who reported an injury on 03/02/2012. The mechanism of injury was repetitive motion. Prior therapies included viscosupplementation and therapy. The injured worker underwent a right knee total arthroplasty. The most recent documentation presented for review was dated 08/05/2014 and revealed the injured worker was status post right medial compartment unicompartmental knee arthroplasty. The injured worker underwent x-rays of the knee which revealed no evidence of osteolysis or loosening of the components. The treatment plan included a revision of the partial knee replacement to a total knee replacement. There was no Request for Authorization submitted for review. There was a lack of physician documented rationale for the extension of the use of the unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Compression unit x21 day extension for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, continuous-flow cryotherapy section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Game Ready accelerated recovery system

**Decision rationale:** The Official Disability Guidelines indicate a Game Ready system and continuous flow cryotherapy are recommended for 7 days postoperatively. There was a lack of documentation of a rationale for the extension of 21 days. There was a lack of documentation of exceptional factors and an objective physical examination to support the necessity. Given the above, the request for a Vascultherm compression unit times 21 day extension for the right knee is not medically necessary.