

<b>Case Number:</b>	CM15-0011030		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Texas, Illinois

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 injured worker was working with a large piece of sheet metal when he reported a popping sound and pain in the right knee. Radiographic imaging revealed abnormalities and he underwent debridement of the right knee but with little relief of symptoms. He continued to experience severe right knee pain and was placed on temporary total disability. On April 28, 2014, evaluation revealed continued pain in the right knee. Right knee arthroscopy was recommended however the injured worker was not yet interested. On November 14, 2014, he underwent total knee arthroplasty. On December 15, 2014, he was noted to be walking with a cane and to have decreased range of motion. Physical therapy was recommended. He has reported aching, throbbing and sharp pain in the right knee with associated swelling, stiffness and radiating pain to the right heel. Currently, the Injured worker complains of aching, throbbing and sharp pain in the right knee with associated swelling, stiffness and radiating pain to the right heel as well as an antalgic gait. He was diagnosed of right knee advanced degenerative joint disease. Treatment includes, right knee debridement surgery, physical therapy, work restrictions, lifestyle modifications and pain medications. The records reviewed did not include the risk stratification of the injured worker, neither does it indicate whether the injured worker has done the knee replacement or not. We do not know whether the device is in regards to the 01/2014 surgery or not. On December 22, 2014, Utilization Review non-certified a request for DME Vascutherm 4 w/DVT cold and compression-28 day extension, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of requested DME Vascutherm 4 w/DVT cold and compression-28 day extension.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Vascutherm 4 w/DVT cold and compression-28 day extension:** 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 & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic)

**Decision rationale:** The injured worker sustained a work related injury on August 13, 2013. The medical records provided indicate the diagnosis of right knee advanced degenerative joint disease. Treatment includes, right knee debridement surgery, physical therapy, work restrictions, lifestyle modifications and pain medications. The medical records provided for review do not indicate a medical necessity for DME Vascutherm 4 w/DVT cold and compression-28 day extension. The records indicate he has knee surgery in 01/2014; he was scheduled for total knee replacement in 11/2014, but there is no record as to whether he has done it or not. [REDACTED], the manufacturers of the product describe it as a solid state device that provides heat, cold (without ice), compression, and/or DVT prophylaxis therapy. The MTUS is silent on Vascutherm for DVT. The Official Disability Guidelines states that different medical groups have different recommendations on for thromboprophylactic, mechanical or pharmaceutical: while the American Academy of Orthopedic surgeons recommends that unless contraindicated, mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay; the American College of Chest Physicians recommends the optimal use of mechanical thromboprophylaxis with the VFP (venous foot pump) or IPC (intermittent pneumatic compression) for patients with a high risk of bleeding for patients undergoing Total Hip replacement, or Total Knee Replacement. Taken together, thromboprophylaxis is indicated for all persons undergoing either knee or total hip replacement while in the hospital setting, but outside the hospital setting, the need for and nature of the thromboprophylaxis depends on the risk stratification. Additionally, the Official Disability Guidelines recommends continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. The postoperative use is generally up to 7 days. Therefore, whether for the 01/2014 surgery or for a recent surgery, the request is not medically necessary since it exceeds the 7 days period.