

<b>Case Number:</b>	CM15-0015755		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 sustained an industrial injury on February 11, 2014. He has reported pain in the left knee and has been diagnosed with history of work related injury 2/11/2014, complex medial meniscal tear left knee, and history of underlying chondromalacia of the medial compartment left knee with left knee arthroscopic surgery. Treatment has included medical imaging, surgery, and physical therapy. Currently the injured worker denies symptoms. The treatment plan included physical therapy. On December 12, 2014 Peer review non certified vascutherm cold compression unit and wrap 14 day rental for the left knee citing the ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm old compression unit and wrap 14 day rental for the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder; prevention of venous thromboembolic disease. ACOEM-Prevention of Venous Thromboembolic Disease. Harris J. Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 367-377

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation ThermoTek VascoTherm 3 product profile. [http://www.thermotekusa.com/md\\_vascutherm3.php](http://www.thermotekusa.com/md_vascutherm3.php). Accessed 03/24/2015.

**Decision rationale:** The ACOEM Guidelines support the use of cold therapy only during the earliest phase of treatment and not for longer than two weeks. The goal is temporary pain relief in order to allow for progressive exercise and activity. The submitted and reviewed records indicated the worker was experiencing left knee pain that was treated with surgery on 11/21/2014. The request included use during the earliest phase of the post-operative period. In light of this supportive evidence, the current request for a 14-day rental of a VascoTherm cold compression unit for the left knee is not medically unreasonable.