

Case Number:	CM15-0016561		
Date Assigned:	02/04/2015	Date of Injury:	06/14/2012
Decision Date:	03/26/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 is a 62 year old male, who sustained an industrial injury on 5/14/2012. The diagnoses have included osteoarthritis. Treatment to date has included physical therapy and right knee surgery. The injured worker underwent removal of right knee unicompartmental arthroplasty with conversion to total knee replacement on 12/17/2014. According to the follow-up orthopedic evaluation dated 12/23/2014, the injured worker was six days postoperatively after right knee surgery. Physical exam revealed the wound to be healing well. X-ray of the right knee revealed the total knee components to be appropriately positioned. The injured worker was given a prescription for pain medication. On 12/29/2014, Utilization Review (UR) modified a request for Vascutherm with DVT, passive motion soft goods for 30 day rental for right knee to Vascutherm with DVT, passive motion soft goods for seven day rental for right knee. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm with DVT, Passive Motion Soft Goods, 30 day rental for Right Knee: 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 and Leg

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, Continuous flow cryotherapy, Continuous passive motion (CPM)

Decision rationale: Vascutherm devices combine thermal and compression therapy. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. 30 day rental for continuous flow cryotherapy is not indicated. Continuous passive motion (CPM) are indicated for home use up to 17 days post-operatively for patients at risk of a stiff knee are immobile or unable to bear weight. In this case the patient was fully weight bearing 6 days after the procedure. CPM is not indicated. The request should not be authorized.