MAXIMUS Federal Services

Case Number:	CM15-0111018		
Date Assigned:	06/17/2015	Date of Injury:	05/28/2014
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 52 year old male sustained an industrial injury to the right knee on 5/28/14. Previous treatment included physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulator unit, home exercise and medications. Electromyography bilateral lower extremities (12/3/14) showed right L4-S1 lumbar spine radiculopathy. Magnetic resonance imaging lumbar spine (2/5/15) showed disc bulge with Schmori's nodes and moderate developmental attenuation of dural sac. In the most recent PR-2 submitted for review, stated 5/4/15, a PR-2 dated the injured worker was pending right knee arthroscopy. The injured worker had completed chiropractic therapy and stated that it was beneficiary in decreasing pain, increasing range of motion and relaxing muscles. The injured worker complained of pain to the low back with radiation to the right lower extremity associated with numbness, tingling and a burning sensation, rated 8-9/10 on the visual analog scale. The injured worker reported that home exercise and use of transcutaneous electrical nerve stimulator unit were helpful for pain control. The injured worker's mood was stable but somewhat depressed about changes since the injury without suicidal ideation. The injured worker reported having difficulty falling asleep due to pain that improved by taking Cyclobenzaprine at bedtime. Current diagnoses included right knee meniscus tear, right knee sprain/strain, right knee and hip osteoarthritis, lumbar spine sprain/strain and lumbar spine radiculitis. The treatment plan included medication refills (Fenoprofen, Omeprazole and Neurontin), additional transcutaneous electrical nerve stimulator unit patches, continuing Cyclobenzaprine, Norco, home exercise and transcutaneous electrical nerve stimulator unit and pending right knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental Vascutherm Intermittent PCD x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and pg 68.

Decision rationale: Vascutherm provides heat/cold compression. In this case, it was ordered for 30 days. According to the guidelines, it is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thrombo-embolism (VTE) in patients undergoing orthopaedic surgery, according to a new study examining a potential role for aspirin in these patients. In this case, there is no mention of anticoagulation use for DVT prophylaxis. In addition, the length of use is greater than that recommended by the guidelines. The use of the Vascutherm was not substantiated and is not medically necessary.