

<b>Case Number:</b>	CM15-0113797		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, New York, California

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 applicant is a represented 58-year-old who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of March 18, 2014. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request for a VascuTherm device-21 day rental, an associated compression pad, and a knee continuous passive motion device rental. The claims administrator referenced RFA forms of February 13, 2015 and April 13, 2015 in its determination, along with a progress note dated February 5, 2015. The claims administrator suggested that the request represented postoperative request following a planned knee arthroscopy procedure. The applicant's attorney subsequently appealed. On March 18, 2014, the applicant reported ongoing complaints of ankle pain status post surgical repair of a left lateral malleolar tendon on January 22, 2015. The applicant was placed off of work. On April 13, 2015, the applicant underwent a shoulder arthroscopy procedure. In a progress note dated February 5, 2015, the applicant reported ongoing complaints of left knee pain reportedly attributed to a meniscal tear. The applicant had undergone an earlier right knee arthroscopy. A left knee arthroscopic procedure was sought. Eighteen sessions of physical therapy were proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compression therapy pad #1 purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Compression cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee, Venous thrombosis and Other Medical Treatment Guidelines 1. [http://www.thermotekusa.com/md\\_vascutherm.php](http://www.thermotekusa.com/md_vascutherm.php)VascuTherm2Compression and Localized Thermal Therapy Device with DVT Prophylaxis Therapy Modality Compression..

**Decision rationale:** No, the request for a compression therapy pad purchase was not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for a VascuTherm DVT prophylaxis device. Since that was deemed not medically necessary, the derivative or companion request for an associated compression therapy pad was likewise not medically necessary.

**Knee continuous passive motion (KPCM) machine 21 days rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Continuous passive motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Knee Disorders, pg. 816 2.

**Decision rationale:** Similarly, the request for a knee continuous passive motion device was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The Third edition ACOEM Guidelines Knee Chapter notes, however, that continuous passive motion (CPM) is not recommended for post-knee arthroplasty applicants but, rather, should be reserved for select, substantially inactive applicants postoperatively. Here, however, the applicant was scheduled to undergo a comparatively minor knee arthroscopic meniscectomy procedure. It was not clearly stated or clearly established why a CPM device was sought for use in conjunction with the same. There was no mention of the applicant's being a substantially inactive individual preoperatively so as to compel provision of the device for postoperative use purposes. Therefore, the request is not medically necessary.

**Vascutherm 21 days rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, vasopneumatic devices (wound healing).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee, Venous thrombosis and Other Medical Treatment Guidelines 1. [http://www.thermotekusa.com/md\\_vascutherm.php](http://www.thermotekusa.com/md_vascutherm.php)VascuTherm2Compression and Localized Thermal Therapy Device with DVT Prophylaxis Therapy Modality Compression.

**Decision rationale:** Finally, the request for a VascuTherm device was likewise not medically necessary, medically appropriate, or indicated here. The device, per the product description, represents a form of DVT prophylaxis compression device, intended for postoperative use purposes. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does recommend usage of lower extremity pump devices such as the article in question in postoperative knee applicants who undergo major knee surgeries such as a total knee arthroplasty, here, however, the applicant was scheduled to undergo a comparatively minor knee arthroscopy procedure. ACOEM also notes that discontinuation is generally recommended at the 14th day mark of usage, unless there are ongoing issues with delayed rehabilitation and delayed ambulation. Here, again, the applicant was scheduled to undergo a comparatively minor knee arthroscopy procedure. There were no explicitly stated risk factors for delayed ambulation or delayed recovery. ODG's Knee Chapter Venous Thrombosis topic also suggest that an attending provider attempt to identify applicants who are at heightened risk for developing venous thrombosis and provide prophylactic management to those individuals. Here, it did not appear that the applicant was at a particularly heightened risk for development of DVT. Finally, Medscape and ACCP notes that routine thrombosis prophylaxis is not recommended following knee arthroscopy surgery, as transpired here. Again, the attending provider did not outline risk factors for or the presence of issues with delayed ambulation and/or delayed recovery so as to compel the lengthy 21-day rental of the device in question. Therefore, the request is not medically necessary.