

<b>Case Number:</b>	CM15-0116994		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 46 year old female who sustained an industrial injury on May 13, 2014. She has reported right leg pain and has been diagnosed with other mechanical complication of prosthetic joint implant and leg pain muscle strain right thigh without disruption of any tendons or ligaments. Treatment has included modified work duty, medical Imaging, medications, and physical therapy. There was a well healed scar on the right knee. There was tenderness at the musculotendinous junction vastus lateralis right thigh. There was tenderness of the medial femoral condyle. The treatment request included Vascutherm unit with hot and cold compression for rental 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Vascutherm Unit with Hot and Cold Compression for Rental 30 Days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, DME.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, DME: Vascutherm unit with hot/cold compression for 30 day rental is not medically necessary. The ACOEM states "patient at home application of heat or cold packs may be used before or after exercises and aren't effective as those performed by a therapist. The official disability guidelines state "not generally recommended in the shoulder." The main thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but are rare following upper extremity surgery, especially shoulder arthroscopy. The preoperative workup should include risk factors for DVT. In this case, the injured worker's working diagnoses are knee contusion; quadriceps contusion; and pain from partial knee replacement. The date of injury is May 13, 2014. The request for authorization is May 27, 2015. There are no progress notes in the medical record from the requesting provider (orthopedic surgeon). The most recent progress note in the medical record is dated March 13, 2015. There are no progress notes in the medical record by the requesting provider. There are no contemporaneous progress notes on or about the date of request for authorization, May 27, 2015. According to the March 13, 2015 progress note, the treating orthopedic provider was removed from the provider network. There is no contemporaneous progress note on or about the date of request for authorization. There is no clinical indication or rationale for the vascutherm unit. There is no clinical documentation of any upcoming surgery. Additionally, there are no progress notes indicating the injured worker is at high risk for DVT, other than obesity. Consequently, absent contemporaneous clinical documentation on or about the date of request for authorization, a clinical indication or rationale for the DME, clinical documentation of any upcoming surgery and documentation indicating the injured worker is at high risk for DVT, DME: Vascutherm unit with hot/cold compression for 30-day rental is not medically necessary.