

Case Number:	CM15-0116997		
Date Assigned:	06/25/2015	Date of Injury:	09/20/2002
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	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 62 year old female who sustained an industrial injury on 09/20/2002. Mechanism of injury was not documented, but she injured her both her knees. Diagnoses include osteoarthritis right knee, folliculitis, status post left knee total replacement 2 years ago, obesity and diabetes. Documented treatment to date has included medications. She is presently not working. Her medications include Ascorbic Acid, Calcium Carbonate, Finofibrate, Ferrous sulfate, Levothyroxine, Metformin, and Omega-3 Fatty Acids. A physician progress note dated 03/19/2015 documents the injured worker has considerable debilitation of the right knee pain secondary to underlying osteoarthritis with marked bowleg deformity, varus. She has an antalgic gait, marked bowleg deformity of the right knee. Active range of motion of the right knee is 0-105 degrees. No gross laxity x 4. There is marked varus deformity noted. There is joint line tenderness primarily in the lateral greater than medial aspect. Patellofemoral crepitation is appreciated, with calf and thigh remained soft and nontender. Treatment requested is for Retrospective Vascutherm DVT #30 days (DOS 03/19/15), Retrospective full leg garment (DOS 03/19/15), and Retrospective intermittent limb therapy (DOS 03/19/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vascutherm DVT #30 days (DOS 03/19/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Continuous flow cryotherapy.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, retrospective Vascutherm DVT #30 days, date of service March 19, 2015 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. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. In this case, the injured worker's working diagnoses are osteoarthritis right knee; folliculitis; status post left knee total knee replacement; obesity and newly diagnosed diabetes mellitus. Documentation from a March 19, 2015 progress note indicates the injured worker has ongoing right knee pain. The injured worker's status post left total knee arthroplasty and is doing well. The injured worker was scheduled for surgery on April 1, 2015. The April 1, 2015 date was canceled and surgery tentatively scheduled for May 6, 2015. The treating providers plan was to check the hemoglobin A-1 C, preoperative labs and to recheck an active folliculitis that was present along the abdominal pannus, posterior hip and thigh. If the active folliculitis clears, surgery will progress. If the active folliculitis (skin infection) is not clear, surgery will be canceled. According to the March 19, 2015 progress note, a request for the vascutherm DBT #30 days is premature. Additionally, Vascutherm is indicated for seven days postoperatively. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, pending hemoglobin A-1 C results and preoperative labs with a follow-up to check for progression or resolution of active folliculitis involving the abdominal pannus, posterior hip and thigh in a newly diagnosed diabetic patient, retrospective Vascutherm DVT #30 days, date of service March 19, 2015 is not medically necessary.

Retrospective intermittent limb therapy (DOS 03/19/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Continuous flow cryotherapy.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, retrospective intermittent limb therapy date of service March 19, 2015 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. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period, as efficacy has not been proven after. In this case, the injured worker's working diagnoses are osteoarthritis right knee; folliculitis; status post left knee total knee replacement; obesity and newly diagnosed diabetes mellitus. Documentation from a March 19, 2015 progress note indicates the injured worker has ongoing right knee pain. The injured worker's status post left total knee arthroplasty and is doing well. The injured worker was scheduled for surgery on April 1, 2015. The April 1, 2015 date was canceled and surgery tentatively scheduled for May 6, 2015. The treating providers plan was to check the hemoglobin A-1 C, preoperative labs and to recheck an active folliculitis that was present along the abdominal pannus, posterior hip and thigh. If the active folliculitis clears, surgery will progress. If the active folliculitis (skin infection) is not clear, surgery will be canceled. According to the March 19, 2015 progress note, a request for the vascultherm DBT #30 days is premature. Additionally, Vascultherm is indicated for seven days postoperatively. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, pending hemoglobin A-1 C results and preoperative labs with a follow-up to check for progression or resolution of active folliculitis involving the abdominal pannus, posterior hip and thigh in a newly diagnosed diabetic patient, retrospective vascultherm DVT #30 days, date of service March 19, 2015 is not medically necessary. Retrospective vascultherm DVT #30 days, date of service March 19, 2015 is not medically necessary, and as a result, retrospective intermittent limb therapy date of service March 19, 2015 is not medically necessary.

Retrospective full leg garment (DOS 03/19/15): 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 chapter, Venous thrombosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Continuous flow cryotherapy.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, retrospective full leg garment date of service March 19, 2015 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. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period, as efficacy has not been proven after. In this case, the injured worker's working diagnoses are osteoarthritis right knee; folliculitis; status post left knee total knee replacement; obesity and newly diagnosed diabetes mellitus. Documentation from a March 19, 2015 progress note indicates the injured worker has ongoing right knee pain. The injured worker's status post left total knee arthroplasty and is doing well. The injured worker was scheduled for surgery on April 1, 2015. The April 1, 2015 date was canceled and surgery tentatively scheduled for May 6, 2015. The treating providers plan was to check the hemoglobin A-1 C, preoperative labs and to recheck an active folliculitis that was present along the abdominal pannus, posterior hip and thigh. If the active folliculitis clears, surgery will progress. If the active folliculitis (skin infection) is not clear, surgery will be canceled.

According to the March 19, 2015 progress note, a request for the vascutherm DVT #30 days is premature. Additionally, Vascutherm is indicated for seven days postoperatively. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, pending hemoglobin A-1 C results and preoperative labs with a follow-up to check for progression or resolution of active folliculitis involving the abdominal pannus, posterior hip and thigh in a newly diagnosed diabetic patient, retrospective vascutherm DVT #30 days, date of service March 19, 2015 is not medically necessary. Retrospective vascutherm DVT #30 days, date of service March 19, 2015 is not medically necessary, and as a result, retrospective intermittent limb therapy date of service March 19, 2015 is not medically necessary. Retrospective intermittent limb therapy is not medically necessary and, as a result, the retrospective full leg garment date of service March 19, 2015 is not medically necessary.