

Case Number:	CM15-0119120		
Date Assigned:	06/29/2015	Date of Injury:	07/17/2013
Decision Date:	07/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male who sustained an industrial injury on 07/17/13. Initial complaints and diagnoses are no available. Treatments to date include medications, knee bracing, SynVisc injections, cortisone injections, and physiotherapy. Diagnostic studies are not addressed. Current complaints include left knee pain. Current diagnoses include internal derangement left knee with osteochondral lesion, essential facet patella, and chondromalacia patella left knee. In a progress note dated 04/10/15 the treating provider reports the plan of care as left knee surgery with associated services. The requested treatments include a vascutherm cold compression deep vein thrombosis unit and pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative DME; Vascutherm cold compression with DVT rental for 30 days and pad for vacutherm: 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, continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg-Continuous-flow cryotherapy and Venous thrombosis and Other Medical Treatment Guidelines <http://sosmedical.net/products/>.

Decision rationale: Post operative DME; Vascutherm cold compression with DVT rental for 30 days and pad for vascutherm is not medically necessary per the ODG and online review of the Vascutherm device. The MTUS does not address this request. The VascuTherm solid state device provides heat, cold (without ice), compression, and/or DVT prophylaxis therapy per an online review. The ODG states that 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. The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anti-coagulation therapy. The guidelines do not reveal that the patient has extenuating circumstances that necessitate using this device for the 30 day requested period therefore this request is not medically necessary.