

Case Number:	CM15-0126195		
Date Assigned:	07/10/2015	Date of Injury:	06/05/2014
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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, 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 is a 58-year-old female patient, who sustained an industrial injury on June 5, 2014, incurring low back, right hip, right knee and right wrist injuries after a trip and fall. She was diagnosed with a complex tear of the medial meniscus, lumbar degenerative disc disease, lumbar radiculopathy, and right wrist sprain. Per the doctor's note dated 2/26/15, she had complaints of pain and swelling of the right knee, right hip pain, right wrist pain and hand pain. She had numbness and tingling radiating into the lower extremities. She had complaints of numbness of the right hand and pain with tight gripping. She rated her pain a 7 on a pain scale of 1 to 10. The medications list includes ibuprofen. She has undergone right carpal tunnel release on 6/2/2015; right total knee replacement in 11/2014. She has had EMG/NCS dated 3/31/15, which revealed right carpal tunnel syndrome; magnetic Resonance Imaging of the right knee dated 8/4/2014, which revealed osteoarthritis, chondromalacia of the patella, entire medial meniscus tear and small joint effusion; Magnetic Resonance Imaging of the lumbosacral spine dated 8/4/2014 which revealed degenerative changes with degenerative disc disease. Treatment included anti-inflammatory drugs, physical therapy, home exercise program, pain management and work restrictions. The treatment plan that was requested for authorization included a four-week rental for Vascutherm and a wrist garment purchase for right CTR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm, 4 week rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 07/30/15) Cold compression therapy Chapter: Knee & Leg (updated 07/10/15) Game Ready accelerated recovery system Continuous-flow cryotherapy.

Decision rationale: Vascutherm, 4-week rental. CA MTUS, ACOEM and ODG wrist and hand chapter do not address this request. Per the cited guidelines, "The system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system." The requested device combines cold therapy with compression and there are no published high quality studies on this kind of combined system for this diagnosis. Cited guidelines recommend a cold therapy unit only for 7 days post operatively. The medical necessity of Vascutherm, 4-week rental is not medically necessary for this patient.

Wrist garment purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 07/30/15) Cold compression therapy Chapter: Knee & Leg (updated 07/10/15) Game Ready accelerated recovery system Continuous-flow cryotherapy Venous thrombosis.

Decision rationale: Wrist garment purchase. CA MTUS, ACOEM and ODG wrist and hand chapter do not address this request. Per the cited guidelines, "The system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system." Cited guidelines recommend a cold therapy unit only for 7 days post operatively. As the medical necessity of vascutherm 4-week rental is not fully established, the medical necessity of accessories that go with it-wrist garment purchase is also not fully established. The medical necessity of Wrist garment purchase is not medically necessary for this patient.