

<b>Case Number:</b>	CM15-0173921		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old male, who sustained an industrial injury on March 30, 2011. He reported knee pain. The injured worker was diagnosed as having lower leg pain in joint. Treatment to date has included diagnostic studies, surgery, physical therapy and medication. He had undergone a bilateral total knee replacement and his left knee replacement was reported to not have "done well." This has caused him some pain in his left knee region. On July 22, 2015, the injured worker complained of left knee pain, altered gait and low back pain. At the time of exam, he was noted to be scheduled for a left total knee revision. Physical examination revealed tenderness to palpation and spasm bilaterally about the paralumbar musculature. He was provided with a trigger point injection in two separate areas about the paralumbar musculature. The treatment recommendations included medication and a follow-up visit. On August 5, 2015, utilization review modified a request for Vascutherm thirty days rental to Vascutherm seven days rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm x 30 days rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee/Leg Chapter, Cryotherapy.

**Decision rationale:** The patient presents with bilateral knee pain. The current request is for Vascutherm x 30 day rental. The treatment report making the request was not provided for review. The patient is status post left knee scope from 12/29/2014. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on continuous flow cryotherapy for the knee states that it is recommended as an option for surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In this case, the ODG Guidelines support the use of cryotherapy following knee surgery, but not for non-surgical treatment. It is unclear why the physician is requesting this treatment given that the patient's surgery is past the post-surgical timeline. Furthermore, post-operative use is limited to 7 days. The current request is not medically necessary.