

Case Number:	CM15-0179930		
Date Assigned:	09/21/2015	Date of Injury:	07/31/2013
Decision Date:	10/26/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 injured worker is a 40-year-old male who reported an industrial injury on 7-31-2013. His diagnoses, and or impressions, were noted to include partial meniscal tear in the left knee; internal derangement of knee; advanced osteoarthritis of right knee; and closed fracture of unspecified part of tibia alone. No current imaging studies were noted. His treatments were noted to include magnetic resonance imaging studies left knee (8-20-14); left knee arthroscopic partial meniscectomy debridement and repair surgery (6-12-15); post-operative use of a Vascutherm unit, crutches and brace; post-operative left knee physical therapy; medication management; and rest form work. The progress notes of 7-29-2015 reported: a post-left knee surgery evaluation; that he was undergoing post-operative physical therapy which was helping him tremendously and that he was walking better; that he continued to see the orthopedic surgeon for post-operative care; that he continued to use the Vascutherm x 1 hour 3 x a day on the left knee, which helped control the swelling and allowed him to function. The objective findings were noted to include: well-healed linear left knee scar consistent with recent arthroscopic surgery; joint line and anterior medial aspect tenderness in the left knee; and mild left knee effusion. The physician's requests for treatments were noted to include a 2-week extension for the continued use of the Vascutherm, which demonstrated functional improvement for the injured worker, allowing him to heal faster with less discomfort. The Request for Authorization, dated 7-1-2015, was for Vascutherm, 2-week extension. The progress notes of 6-15-2015 did not note a request for an extension of the Vascutherm. The Utilization Review of 8-14-2015 non-certified the request for 2-week extension on the rental of a Vascutherm for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment) Vascutherm two extension rental for the left knee:

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) 2013 Online Version, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (Acute & Chronic), Cold compression therapy ODG Knee & Leg (Acute & Chronic), Game Ready accelerated recovery system ODG Knee & Leg (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: The CA MTUS is silent regarding continuous-flow therapy (e.g. Vascutherm) for the knee; however, the ODG recommends it as an option following surgery, but not for nonsurgical treatments. They further state that postoperative use generally may be up to 7 days, including home use. In addition, in the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In this case, of this injured worker, recent treating provider notes state that he had been improving with the Vascutherm post-operative left knee surgery. They also stated that he had demonstrated functional improvement, allowing him to heal faster and ambulate with less discomfort. Although it appears the injured worker benefited from use of the Vascutherm, the criteria are quite specific for up to 7-day use, and there is no documentation indicating that he could not be managed with local application of cold and compression garments. Therefore, the request for DME (durable medical equipment) Vascutherm two week extensions on the rental for the left knee is not medically necessary and appropriate.