

<b>Case Number:</b>	CM15-0070021		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/23/2006
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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

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 59-year-old male, who sustained an industrial injury on 3/23/2006. He reported pain of both knees. The injured worker was diagnosed as having status post bilateral total knee arthroplasties, left shoulder near complete rotator cuff tear with acromioclavicular joint arthrosis, and mild left knee iliotibial band tendonitis. Treatment to date has included right total knee replacement surgery, medications, physical therapy, left knee surgery, and x-rays. The request is for a limb compression unit/DVT machine, and DVT leg wraps, and physical therapy for bilateral knees. On 11/21/2014, he complained of left shoulder pain. His pain is not rated. The treatment plan included: surgery, physical therapy, cold therapy unit, DVT unit, continuous passive motion machine, sling, and pain pump. On 3/11/2015, he denied any new complaints. Physical findings noted he weighs 302 pounds, blood pressure 166/78. The report indicated he had just finished physical therapy and was in pain at the time of the evaluation. On 3/16/2015, he was seen for 2-month follow up after right knee replacement surgery. He requested to continue with physical therapy. He reported sharp pain in the left knee. Physical therapy is reported as being requested to maximize range of motion and strength and on the left side to focus on iliotibial band stretching and strengthening. On 3/17/2015, he was seen for psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Limb Compression Unit/DVT Machine Rental x 14 days (DOS 01/13/2015):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, page 292.

**Decision rationale:** The vascultherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent a right knee replacement surgery with post-op PT. The provider has requested for this vascultherm hot/cold compression unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of vascultherm cold/heat compression therapy, but does recommend standard cold pack for post exercise. 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. The Retrospective: Limb Compression Unit/DVT Machine Rental x 14 days (DOS 01/13/2015) is not medically necessary and appropriate.

**Retrospective: DVT Leg Wraps- Purchase (x2) (DOS 01/13/2015):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, page 292.

**Decision rationale:** Please see rationale above for #1. As the Retrospective: Limb Compression Unit/DVT Machine Rental x 14 days (DOS 01/13/2015) is not medically necessary and appropriate. Therefore, the Retrospective: DVT Leg Wraps - Purchase (x2) (DOS 01/13/2015) is not medically necessary and appropriate.