

Case Number:	CM15-0099068		
Date Assigned:	06/01/2015	Date of Injury:	04/08/2014
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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 47-year-old male, who sustained an industrial injury on 4/8/14. He reported a left injury. The injured worker was diagnosed as having medial meniscus tear, industrial injury to left knee and diagnostic and operative arthroscopy of left knee. Treatment to date has included left knee arthroscopy with repair of medial menisectomy, anti-inflammatory, oral opioids and physical therapy. Currently, the injured worker complains of intermittent calf tenderness for two days and feels he is making progress. Physical exam on the first post op visit noted mild tenderness to palpation along the calf as well as pain with positive dorsiflexion of his left foot and sutures were removed and replaced with steri-strips. A request for authorization was submitted for cold compression therapy 14-day extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm iceless cold therapy/ compression therapy and DVT- 14 day extension: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) chapter, Venous Thrombosis.

Decision rationale: The patient presents with left knee pain. The request is for VASCUTHERM ICELESS COLD THERAPY/ COMPRESSION THERAPY AND DVT- 14 DAY EXTENSION. The request for authorization is dated 02/12/15. The patient is status-post left knee diagnostic and operative arthroscopy, 01/23/15. U/S of the left lower extremity, 02/05/15, shows negative study; no evidence of deep venous thrombosis or superficial venous thrombosis in the left lower extremity. Physical examination reveals no signs of erythema, warmth, or drainage. He is mildly tender to palpation along the calf as well as pain with positive dorsiflexion of his left foot. He state that the anti-inflammatory that we provided him previously with Omeprazole is not mitigating his symptoms of his acid reflux. MTUS is silent about Vascutherm. However, ODG guidelines, chapter Knee & Leg (Acute & Chronic)' and topic 'Venous Thrombosis', allow for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. Treater does not discuss the request. In this case, the patient is status-post left knee diagnostic and operative arthroscopy, 01/23/15. The request for Vascutherm unit is possibly related to this procedure. ODG guidelines allow Vascutherm for post-operative use, however, recommend only 7 days of use. The request for 14 days exceeds MTUS recommendation. Therefore, the request IS NOT medically necessary.