

Case Number:	CM14-0142439		
Date Assigned:	09/10/2014	Date of Injury:	07/20/2012
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 had a work related injury on 07/20/12. The injury occurred when he was coming down a ladder, he missed 3 steps and he fell. When he fell, he twisted his right knee, injured his lower back and right knee. He reported this injury. He was referred to a medical clinic where he was evaluated, complained of pain in the back and knee. Only the knee has been addressed. The back has not been addressed until this date. He states that he is starting on physical therapy, given crutches and a brace. Placed on modified work, continued doing modified work. MRI scan was positive. Surgery was performed on 11/05/12 on his right knee. After the surgery he was off work for 6 weeks, returned back to modified duty. He had about 26 physical therapy treatments, no improvement. Repeat MRI scan study of the knee has been done which is abnormal but felt that nothing can be done. No more additional surgery is needed. Presently he is taking Norco and Motrin but continues to have problems. He is unable to fully flex the knee. There is numbness in the knee, weakness in the knee. Unable to ascend or descend stairs. Constant low back pain radiating to the right leg pain increased with lifting, pulling, pushing, and turning and prolonged standing, and walking. He cannot kneel or squat. The most recent medical record submitted for review is dated 04/28/14. The injured worker was in for follow up of his knee. An MRI of the right knee was obtained and did reveal a residual/recurrent medial meniscal tear and ACL thickening. He has had physical therapy and injections which provided temporary relief of pain. Physical examination of his right knee flexion on the right is 0-140 degrees. 1+ swelling. 1+ crepitus in the patella femoral examination without tenderness. Medial joint line tenderness on the right. Squat test is positive on the right. Ligamentous examination is within normal limits on the right. Diagnoses right knee recurrence/residual medial meniscal tear. ACL sprain. Prior utilization review on 08/20/14 was non-certified. Current request is for vascultherm 4 week rental. Vascultherm knee garment

purchase. Vascutherm DVT calf wrap purchase. Setup and delivery. Aluminum crutch purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm4 4 week rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Mahan CE, Holdsworth MT, Welch SM, et al. (2011). "Deep-vein thrombosis: A United States cost model for a preventable and costly adverse event". Thromb Haemost 106 (3): 405-15.

Decision rationale: The request for Vascutherm4 4 week rental is not medically necessary. There has been mention of surgery for his knee, but no clear documentation of it being completed, therefore the request for a Vascutherm4 four week rental is not medically necessary and appropriate.

Vascutherm knee garment purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Mahan CE, Holdsworth MT, Welch SM, et al. (2011). "Deep-vein thrombosis: A United States cost model for a preventable and costly adverse event". Thromb Haemost 106 (3): 405-15.

Decision rationale: There has been mention of surgery for his knee, but no clear documentation of it being completed, therefore the request for Vascutherm knee garment purchase is not medically necessary.

Vascutherm DVT calf wrap purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Compression Garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Mahan CE, Holdsworth MT, Welch SM, et al. (2011). "Deep-vein thrombosis: A United States cost model for a preventable and costly adverse event". *Thromb Haemost* 106 (3): 405-15.

Decision rationale: There has been mention of surgery for his knee, but no clear documentation of it being completed, therefore the request for Vascutherm DVT calf wrap purchase is not medically necessary.

Set up and delivery: 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 Other Medical Treatment Guideline or Medical Evidence: Mahan CE, Holdsworth MT, Welch SM, et al. (2011). "Deep-vein thrombosis: A United States cost model for a preventable and costly adverse event". *Thromb Haemost* 106 (3): 405-15.

Decision rationale: There has been mention of surgery for his knee, but no clear documentation of it being completed, therefore the request for setup and delivery is not medically necessary.

Aluminum crutches purchase: 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, walking aids

Decision rationale: There has been mention of surgery for his knee, but no clear documentation of it being completed; therefore, the request for aluminum crutches purchase is not medically necessary.