

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested cryotherapy unit (CTU) rental for 14 additional days or purchase **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested continuous passive motion (CPM) machine rental for 21 days or purchase **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/22/2013 disputing the Utilization Review Denial dated 4/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/6/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested cryotherapy unit (CTU) rental for 14 additional days or purchase **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested continuous passive motion (CPM) machine rental for 21 days or purchase **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the comprehensive orthopedic consultation by [REDACTED] dated March 26, 2013.

IDENTIFICATION:

[REDACTED] is 59-year-old male seen for evaluation with regards to his left knee.

HISTORY OF PRESENT INJURY & TREATMENT TO DATE:

He injured his left in a work related injury on 03/15/2013 when he fell on a pile of pipe. He had severe pain in his left knee with difficulty bending and squatting and difficulty with the use of his left knee. Currently, he is walking with a cane. He has an antalgic gait pattern. He is taking Motrin 800 mg one tab p.o. t.i.d. An MRI was performed of his left knee which showed severe medial meniscus degeneration and a moderately large horizontal tear to the tibial half of the body and the posterior horn. There is some mild peripheral medial compartment chondral erosion.

HISTORY OF OTHER INJURIES:

Previous work related injuries include a previous arthroscopic knee surgery 10 years ago on left knee which was also work related.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Documentation by [REDACTED] (dated 4/8/13, 5/1/13, and 5/31/13)
- Employee's Medical Records by [REDACTED] (dated 3/18/13)
- Employee's Medical Records by [REDACTED] (dated 5/15/13)
- Employee's Medical Records by [REDACTED] (dated 3/20/13 through 4/10/13)
- Employee's Medical Records by [REDACTED] (dated 3/17/13 and 3/18/13)
- Employee's Medical Records by [REDACTED] (dated 5/6/13)
- Miscellaneous Medical Records
- Official Disability Guidelines (ODG) (2009) – Knee Chapter: Continuous-flow cryotherapy section

1) Regarding the request for cryotherapy unit (CTU) rental for 14 additional days or purchase:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2013) – Knee Chapter: Continuous-flow cryotherapy section and Edwards DJ, Rimmer M, and Keene GC, The use of cold therapy in the postoperative management of patients undergoing arthroscopic anterior cruciate ligament reconstruction. Am J Sports Med, 1996 Mar-Apr: 24 (2); 193-5, which are not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer did not find any section of the MTUS relevant and appropriate for the disputed treatment. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer relied on the ODG section used by the Claims Administrator, which is peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed treatment.

Rationale for the Decision:

The employee was injured on 3/15/2013 and experienced severe left knee pain. The employee's medical records received and reviewed showed plans for knee surgery with medial meniscectomy. A request was submitted for CTU rental for 21 days. The Claims Administrator approved CTU rental for 7 days. The issue at dispute is whether the remaining 14 days, or purchase, is medically necessary and appropriate.

The Official Disability Guidelines do not recommend rental of a CTU beyond 7 days. There are no extenuating circumstances documented that necessitate prolonged rental. Furthermore, the available evidence does not demonstrate the superiority of active cooling devices over traditional passive modalities. Given

this, the request for cryotherapy unit (CTU) rental for 14 additional days or purchase is not medically necessary and appropriate.

2) Regarding the request for continuous passive motion (CPM) machine rental for 21 days or purchase:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Blue Cross Blue Shield Guidelines, 2005 (More specific citation not provided). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer did not find any section of the MTUS relevant and appropriate for the disputed treatment. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer relied on the ODG – Knee Chapter: Continuous passive motion section, which is peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed treatment.

Rationale for the Decision:

The employee was injured on 3/15/2013 and experienced severe left knee pain. The employee's medical records received and reviewed showed plans for knee surgery with medial menisectomy. A request was submitted for CPM rental for 21 days.

ODG indicates postoperative CPM use may be considered in the acute hospital setting for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty; (2) Anterior cruciate ligament reconstruction (if inpatient care); and (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. ODG also indicates postoperative CPM use may be considered for home use up to 17 days after surgery where patients at risk of knee stiffness are immobile or unable to bear weight. This may be shown by low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision and may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy.

The employee's anticipated surgery is an arthroscopic medial menisectomy. The criteria listed above are not met. This request for continuous passive motion (CPM) machine rental for 21 days or purchase is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.