
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

December 23, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/24/2013
Date of Injury: 3/16/2007
IMR Application Received: 8/13/2013
MAXIMUS Case Number: CM13-0010723

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

In the 629 pages of records provided for IMR, there is a 7/9/13 operative report for arthroscopic (left-side) partial lateral meniscectomy and partial lateral release of the patella, by Dr [REDACTED]. There is an 8/7/13 report Dr [REDACTED] noting that the patient is 44 YO, female, walking with a crutch and the altered gait has increased her back spasms and left leg cramps. There is increased warmth on the left knee compared to the right, but Homan's sign is negative, and no signs of infection. He requests 6 sessions of PT.

IMR DECISION(S) AND RATIONALE(S)

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

1. DME L Knee Q-Tech recovery system (hot/cold/compression/DVT)rental is not medically necessary and appropriate.

The Claims Administrator based its decision on the The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines, Knee Chapter, Continuous Flow Cryotherapy, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

There are extensive records provided with this case, however, there does not appear to be a discussion on the compressive cryotherapy unit by the treating physician. MTUS did not specifically discuss this, so ODG guidelines were used. ODG states these devices can be used for up to 7-days post-op. The request was for a rental, but there was no discussion on the length of

the rental. If the rental was for 7-days, the request would meet ODG guidelines, if it was for over 7-days, then it is not supported by ODG guidelines. Without knowing the duration of the request, I cannot compare the timeframe to the guideline. Since the duration of the rental is not known, I cannot verify whether it is in accordance with the guidelines. Since medical necessity is based on treatment being in accordance with a guideline, this cannot be considered medically necessary. **The request for DME L Knee Q-Tech recovery system (hot/cold/compression/DVT)rental is not medically necessary and appropriate.**

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.

[REDACTED]

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