MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/4/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	8/2/2013
Date of Injury:	3/7/2011
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011034

1) MAXIMUS Federal Services, Inc. has determined the request for **Q-Tech Recovery system w-Wrap (w/DVT) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 request for **Q-Tech Recovery system w-Wrap (w/DVT)** 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 Occupational 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.

Expert Reviewer Case Summary:
All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [redacted], [redacted] truck driver who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of March 7, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; right knee arthroscopy in 2011; right knee revision arthroscopy on January 31, 2012; MRI imaging of January 3, 2013, notable for large meniscal tear to the left knee; transfer of care to and from various providers in various specialties; a cane; extensive amounts of physical therapy to date; and extensive periods of time off of work.

In a utilization review report of August 1, 2013, the claims administrator denied request for a 21-day of rental of Q-Tech recovery system with wrap. The claims administrator noted the applicant previously received certification for a prior meniscectomy, chondroplasty, and 12 sessions of postoperative therapy. The applicant reportedly underwent surgery on July 23, 2013. In a request for authorization of July 12, 2013, the attending provider requests Q-Tech recovery system with wrap for continue cooling and DVT prophylaxis purposes.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Q-Tech Recovery system w-Wrap (w/DVT):**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   The Claims Administrator based its decision on the Title August, California Code of Regulation 9792.6 (page 2), which is part of the MTUS.

   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 the Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy, Venous thrombosis.

   Rationale for the Decision:
   As noted in the ODG knee chapter, continuous cooling/cryotherapy topic, continuous cooling devices are recommended as an option for up to seven days postoperatively. They are not, however, endorsed for protracted use on the order of the 21 days proposed by the attending provider. It is further noted that ODG also endorses usage of venous thromboembolism prophylaxis measures in those individuals who are at high risk for developing venous thrombosis. However in the medical records submitted for review, there are no clearly stated risk factors for venous thromboembolism. Therefore, since both components in the device carry unfavorable ratings, the request remains non-certified, on independent medical review. **The request for Q-Tech Recovery system w-Wrap (w/DVT)** i**s 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,

Paul Manchester, MD, MPH
Medical Director

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

/cm

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.