

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/16/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	1/22/2010
IMR Application Received:	8/16/2013
MAXIMUS Case Number:	CM13-0013439

- 1) MAXIMUS Federal Services, Inc. has determined the request for **ThermoCool hot and cold contrast therapy with compression is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/16/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/25/2013. 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 **ThermoCool hot and cold contrast therapy with compression 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 Orthopedic Surgeon, has a subspecialty in Shoulder and Elbow Surgery, 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:**

The patient was noted to have had a right ankle operation on 07/18/2013 for the diagnosis of right ankle sprain/strain. The procedure included diagnostic arthroscopy, arthroscopic partial synovectomy, chondroplasty, and injection of right ankle joint. Prior to the operation, the patient had complained of right ankle pain. Her physical exam findings included right ankle tenderness and decreased range of motion.

### **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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for ThermoCool hot and cold contrast therapy with compression:**

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 Official Disability Guidelines (ODG), Knee and Leg Chapter, which is not 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 Official Disability Guidelines (ODG), Knee and Leg: Compression Cryotherapy, Continuous-flow Cryotherapy, Game Ready™ accelerated recovery system, Cold/Heat Packs, and Compression Garments, which is not part of the MTUS.

Rationale for the Decision:

The employee had right ankle surgery on 07/18/2013. It was recommended that the use of ThermoCool Hot and Cold Contrast Therapy with Compression for 60 days following the surgery. It was noted that this was for pain control, to decrease inflammation, and increase circulation. It was also noted that this combination therapy is preferred over simple ice and heat packs for the additional benefits of compression, employee compliance, and temperature regulation. According to Official Disability guidelines for continuous-flow cryotherapy, this treatment is recommended for 7 days postoperatively. However, the guidelines note that there are no current studies on the use of combination cryotherapy and vaso-compression systems. Additionally, the guidelines note that ice packs are effective in decreasing swelling; however, hot packs have no proven beneficial effect. Furthermore, compression is recommended by the Official Disability guidelines; however, it specifies that low levels of compression applied by stockings are effective in the prevention of edema and deep vein thrombosis (DVT). In summary, the use of combination cryotherapy and compression devices, heat application, and compression beyond that provided by compression stockings, is not supported by guidelines. **The request for ThermoCool hot and cold contrast therapy with compression 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.