

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/5/2013
Date of Injury: 9/3/2010
IMR Application Received: 8/21/2013
MAXIMUS Case Number: CM13-0014478

- 1) MAXIMUS Federal Services, Inc. has determined the request for **game ready vasocompression and cold therapy - 14 day rental system, including control unit is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) extra large ankle sleeve is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/21/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/3/2013. 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 **game ready vasocompression and cold therapy - 14 day rental system, including control unit** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) extra large ankle sleeve** 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 Management 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:

This is a female patient with a date of injury of September 3, 2010. A utilization review determination dated August 5, 2013 recommends modified certification for "game ready vasocompression and Cold therapy 14day rental," and for "extra-large ankle sleeve." The modified certification is for a 7 day rental of both. The utilization review note goes on to indicate that the patient underwent surgery on July 16, 2013 for right ankle arthroscopy with synovectomy, arthroscopic debridement right ankle, bur excision, and microfracture of medial tibial plafond according to surgical report." A progress report dated July 24, 2013 includes subjective complaints stating "miss [REDACTED] is here for her first postoperative visit. Patient is 8 days postop from her right ankle arthroscopy. The patient was found to have full thickness chondral lesion, roughly 1.5 cm in diameter, in the medial tibial plafond. She also had an anterior osteophyte. She underwent microfracture of the medial top plafond an excision of her spur. The patient is doing fine. She reports no postoperative complications." Objective examination identifies "the patient's wounds are healing nicely. There is no erythema, drainage, or other signs of infection. There's moderate swelling. Her sutures are removed and the wound is steri stripped." No diagnosis is listed. The treatment plan at that time recommends "nonweightbearing for three more weeks. She's given instructions and range of motion exercises. I will see her again in three weeks. We will advance her weight-bearing status and we will start formal physical therapy at that time." A progress report dated August 5, 2013 identifies physical examination findings of "right ankle swelling." Treatment plan recommends "start physical therapy for right ankle." An additional progress report dated August 14, 2013 identifies subjective complaints stating "it has been about four weeks since her right ankle surgery. She's doing fine." Examination identifies "there is mild swelling." Treatment plan states "the patient can now advance

her weight-bearing. She is scheduled to start physical therapy for range of motion strengthening of the right ankle." A progress note dated October 7, 2013 identifies objective findings including "right ankle brace." Treatment plan recommends physical therapy.

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 game ready vasocompression and cold therapy - 14 day rental system, including control unit:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Ankle and Foot Complaints, pgs. 369 and 371, which are part of the MTUS, and the Official Disability Guidelines (ODG), Ankle and Foot Chapter and Knee Chapter, which are not part of the MTUS.

Rationale for the Decision:

Regarding the request for "vasocompression and cold therapy 14 day rental system, including control unit", Occupational Medicine Practice Guidelines state that cold is recommended for the first 36 to 48 hours following acute injury. They go on to state that there's limited evidence for the effectiveness of impulse compression. ODG states that continuous cold cryotherapy is recommended in the postoperative setting, but that more studies have been conducted for postoperative knee conditions. ODG guidelines related to the use of continuous flow cryotherapy following knee surgery recommends postoperative use for seven days including home use. Additionally, ODG guidelines recommend rest, ice compression, and elevation for the first 24 hours after sprain or fracture. Within the documentation available for review, there is no evidence that this request is for an acute injury. It appears the employee underwent ankle surgery on July 16, 2013. A utilization review determination recommended certification for the vasocompression and cold therapy unit for 7 days. There is no documentation indicating why the employee would need continuous flow cryotherapy for more than the seven days which are usually recommended by guidelines. **The request**

for game ready vasocompression and cold therapy - 14 day rental system, including control unit is not medically necessary and appropriate.

2) Regarding the request for one (1) extra large ankle sleeve:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Ankle and Foot Complaints, pg. 370, Table 14-3, which is part of the MTUS, and the Official Disability Guidelines (ODG), Ankle and Foot Chapter, Bracing, which is not part of the MTUS.

Rationale for the Decision:

Regarding the request for extra large ankle sleeve, Occupational Medicine Practice Guidelines recommend splinting for acute ankle sprains and tendinitis. Guidelines go on to state bracing is not recommended in the absence of a clearly unstable joint. Within the documentation available for review, there is no indication that the employee has an acute ankle sprain, tendinitis, or any joint instability. **The request for one (1) extra large ankle sleeve 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, 18th Floor
Oakland, CA 94612

/ldh

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.