

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	6/1/1997
IMR Application Received:	8/27/2013
MAXIMUS Case Number:	CM13-0016902

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Vascuthern 30 day rental and wrap, Qty. 2 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **Vascuthern 30 day rental and wrap, Qty. 2** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

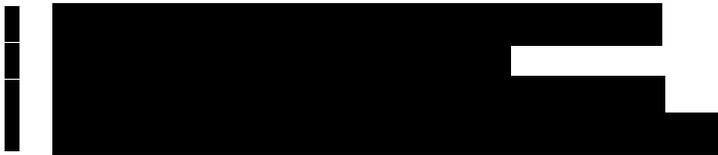
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more 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 claimant is a 57-year-old gentleman who was injured in a work related accident on June 1, 1997 when he sustained an injury to the left knee. It is noted that left total joint replacement procedure took place on July 15, 2013. There was a postoperative request for a DME device in the form of a VascuTherm 30 day rental with two wraps issued on July 12, 2013 to be utilized for 30 days of postoperative use. This request was noncertified by prior Utilization Review citing length of use.

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:



- 1) **Regarding the request for Vascuthern 30 day rental and wrap, Qty. 2:**

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 Knee Complaints, ACOEM Occupational Medicine Practice Guidelines, 2008, Pages 1015-1017, and the Official Disability Guideline (ODG), Knee and Leg, which are not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidenced 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 Procedure, Game Ready accelerated recovery system and Continuous-flow cryotherapy.

Rationale for the Decision:

The Official Disability Guideline guidelines do not support the use of a VascuTherm device. VascuTherm device is a combination cold and compression therapy unit. The ODG guidelines recommend the use of a solitary cryotherapy device for up to 7 days postoperatively but the guidelines do not recommend the use of combination therapy units such as the VascuTherm device, in the postoperative setting due to a lack of high quality studies. **The request for VascuTherm 30 rental and wrap, Qty. 2 is not medically necessary or 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

/jb

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.