

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/19/2013
Date of Injury:	1/12/2012
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017350

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Q-tech system with wrap x21 days to the right knee is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/19/2013. 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 **Q-tech system with wrap x21 days to the right knee** 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 patient is a 58-year-old on 01/12/12 sustaining injury to the right knee. Recent clinical progress report of 09/09/13 indicates that the patient is status post a right knee surgery from 07/26/13. Operative report indicates that Dr. [REDACTED], M.D., performed a right knee diagnostic arthroscopy, partial medial and lateral meniscectomy, tricompartmental synovectomy and chondroplasty with postoperative injection of Lidocaine and application of a brace. On 09/23/13, assessment indicated continued loss of strength with 4/5 power to the quadriceps, well healed arthroscopic portal sites, medial and lateral joint line tenderness, and noted patellar crepitation. At that time, continuation of physical therapy was recommended as well as refill of "medications". Further postoperative physical examination findings are not noted. There was no postoperative imaging for assessment or review. A previous request in this case of 08/19/13 indicated need of a 21 day rental of a Q Tech Recovery System with wrapping for the patient's postoperative course in regard to her recent knee arthroscopy.

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 system with wrap x21 days to the right knee:

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, Knee chapter, which is not a 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, Knee chapter, continuous-flow Cryotherapy, which is not a part of the MTUS.

Rationale for the Decision:

California ACOEM and MTUS Guidelines are silent regarding this specific request. When looking at Official Disability Guidelines criteria, the role of a 21 day rental of the device would not be supported. A Q-Tech Wrapping System is a combination therapy device consisting of heat and cold therapy and compression. Official Disability Guidelines criteria indicate that there are no high published quality studies on the use of combination systems and devices in the postoperative setting. While cryotherapy alone can be utilized for the first seven days following a surgical process, the 21 day rental of this combination therapy device greater than one month following time of surgical intervention cannot be supported as necessary. **The request for Q-tech system with wrap x21 days to the right knee is not medically necessary.**

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

/dat

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.