

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/20/2013
Date of Injury:	10/26/2011
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017353

- 1) MAXIMUS Federal Services, Inc. has determined the request for **vascutherm x additional 30 days right knee (7/15/13-8/13/13) 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 12/20/2013. 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 **vascutherm x additional 30 days right knee (7/15/13-8/13/13) 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 34-year-old female injured on 10/26/11 sustaining an injury walking through a nurse's office when she slipped and fell resulting in acute pain in her right knee. There was a twisting motion. Following a course of conservative care, available for review is an operative report to the right knee dated 07/01/13 with Dr. [REDACTED], M.D., who performed a right knee arthroscopy, partial medial meniscectomy, synovectomy, and debridement of a medial tibial plateau and medial femoral condyle grade 2 changes. Postoperatively, the claimant has been treated with a course of formal physical therapy. Records indicate that there was initial use of a VascuTherm cryotherapy device recommended. The recommendations for use of the device were denied by utilization review for a period of time on 07/05/13 through 08/13/13 as it exceeded Guideline criteria for use of cryotherapy in the postoperative setting. At the present, there is an appeal for the use of a VascuTherm device for an additional 30 days between 07/15/13 and 08/13/13. Last clinical assessment from Dr. [REDACTED] is a 09/15/13 assessment indicating postoperatively the claimant has been ambulating using a cane and use of a medial unloader brace, has completed a course of physical therapy and he recommended at that time 24 additional sessions of aquatic therapy. Physical examination findings showed 0 to 115 degrees range of motion with no instability and a slight residual joint effusion. There is an appeal at present for the VascuTherm device as stated.

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 vascuTherm x additional 30 days right knee (7/15/13-8/13/13):

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), 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 the Official Disability Guidelines (ODG).

Rationale for the Decision:

California ACOEM and MTUS Guidelines are silent regarding the use of cryotherapy devices on the knee. When looking at the Official Disability Guidelines, cryotherapy devices following knee surgical procedures are recommended for home use up to seven days in the immediate postoperative setting. This specific request for 30 additional days of use of the device would exceed Official Disability Guidelines criteria and would not be supported by the Guidelines. **The request for VascuTherm x add'1 30 days right knee (7/15/13-8/13/13) 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

/jr

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.