

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/17/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	3/29/2008
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0018804

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left knee arthroscopy, hot/cold contrast unit, DVT compression system, knee brace, crutches, CPM** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 8/1/2013. 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 **left knee arthroscopy, hot/cold contrast unit, DVT compression system, knee brace, crutches, CPM 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 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 60-year-old male with multiple reported dates of injury including 3/29/2008, and 8/1/2008 to 9/18/2009. The patient was seen and evaluated on 5/8/2013. At that time, the patient presented for complaints of bilateral knee pain with the left being more significant than the right and continued low back pain with bilateral lower extremity radiculopathy/radiculitis. The patient's past surgical history includes right knee arthroscopy on 12/18/2010. On examination, the patient was noted to have a positive McMurray's on the left and positive medial and lateral joint line tenderness. Diagnoses included internal derangement of the left knee and treatment recommendation included left knee arthroscopic surgery, postoperative hot/cold contrast unit, deep vein thrombosis (DVT) compression system, knee brace, crutches, and CPM device.

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:

[REDACTED]

1) Regarding the request for left knee arthroscopy, hot/cold contrast unit, DVT compression system, knee brace, crutches, CPM :

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 California Medical Treatment Utilization Schedule, 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 13, pages 344-345, which is part of MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pages 343-345, 339-340, which is part of MTUS, and the Official Disability Guidelines (ODG), Knee and Leg Chapter, Continuous-flow cryotherapy, Venous Thrombosis, Continuous passive motion (CPM), which is not part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines state referral for surgical consultation may be indicated for patients who have activity limitations for more than one month and failure of exercise programs to increase range of motion and strength of musculature around the knee. The clinical information submitted for review does not document the presence of activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. In addition, the request did not include recent imaging of the knee to support the existence of pathology to support surgical intervention. As the left knee arthroscopy is not supported, the associated postoperative treatment to include hot/cold contrast unit, DVT compression system, knee brace, crutches, and CPM device are not consistent with the guideline recommendations. **The request for left knee arthroscopy, hot/cold contrast unit, DVT compression system, knee brace, crutches, and CPM 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

/sab

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.