

**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: 10/17/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

1/25/2012

7/24/2013

CM13-0002921

- 1) MAXIMUS Federal Services, Inc. has determined the request for a game ready cooling device for 14 days **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 a game ready cooling device for 14 days **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The 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, 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 15, 2013:

“This claimant is s/p left shoulder arthroscopy for labral repair, SAD and capsulorrhaphy, performed on 7/5/13. A request **has** been submitted for the post-operative application of a Game Ready device that combines continuous cryotherapy and pneumatic compression. However, no documentation of medical necessity or clinical efficacy, supported by high quality scientific evidence-based guidelines, **has** been submitted to justify this request  
Date of Injury: 01/25/2012”

### **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 for Independent Medical Review dated 7/24/2013
- Utilization Review Determination from Claims Administrator [REDACTED] dated 7/15/2013
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule

- 1) **Regarding the request for a game ready cooling device for 14 days:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Shoulder Chapter, Continuous-Flow Cryotherapy section, which is a

medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS do not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/25/2012. The employee is status post left shoulder arthroscopy for a labral repair, subacromial decompression and capsulorrhaphy, which was performed on 7/15/2013. The provider recommended post-operative use of a game ready device which combines continuous flow cryotherapy and pneumatic compression. A request was submitted for a game ready cooling device for 14 days.

The ODG indicate the game ready is a system which combines continuous flow cryotherapy with the use of vasocompression. Continuous flow cryotherapy is recommended by the guidelines as an option after surgery, but not for non-surgical treatment. Post-operative use may generally be for up to 7 days, including home use. The documentation submitted and reviewed indicates the employee is status post a left shoulder surgery, which supports the recommendation for continuous flow cryotherapy. However, the current request for a game ready cooling device for 14 days, which exceeds the recommendation of the guidelines for 7 days of post-operative use. The request for a game ready cooling device for 14 days **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;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.