
Notice of Independent Medical Review Determination

Dated: 9/23/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

5/25/2011

7/24/2013

CM13-0003040

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for the purchase of a post-op Iceman Cold Therapy System for left knee **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 7/29/2013. 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 retrospective request for the purchase of a post-op Iceman Cold Therapy System for left 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.

Case Summary:

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

“This is a now 55 year old male with a work injury on 5/21/11. The carrier has accepted bilateral knees and legs. This individual underwent a L TKA on 6/10/13. The above DME items were dispensed at the time.”

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 (received on 7/24/13)
- Utilization Determination Review (dated 7/15/13)
- Medical Records
- Medical Treatment Utilization Schedule

1) Regarding the retrospective request for the purchase of a post-op Iceman Cold Therapy System for the left knee :

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2008), Knee Complaints, pages 1015-1017, part of the Medical Treatment

Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Current Version, a Medical Treatment Guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS) The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS to be applicable and relevant to the issue at dispute. The Expert Reviewer stated that the Official Disability Guidelines (ODG), which is a Medical Treatment Guideline (MTG) not in the MTUS, was applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 5/21/11, the employee sustained an injury to both knees. Medical records submitted and reviewed indicate treatment included: a total left knee arthroscopy, hot and cold pack(s), a front wheeled walker, a CPM machine, MRIs, and medications. A reviewed report dated 6/10/13 indicates the employee underwent a left total knee arthroplasty and was provided a post-op Iceman Cold Therapy System rental unit at the time of surgery. A retrospective request was submitted for the purchase of a post-op Iceman Cold Therapy System.

The Official Disability Guidelines (ODG) supports the use of a continuous-flow cryotherapy unit post-operatively for up to 7 days, including home use. Continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. A review of the medial records indicates the employee was provided with a post-op Iceman Cold Therapy System rental unit for 7 days post-operatively, which is supported by the guidelines. The request for the purchase of a Post-op Iceman Cold Therapy System exceeds guideline recommendations. The retrospective request for the purchase of a Post-op Iceman Cold Therapy System **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, 18th Floor
Oakland, CA 94612

/db

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.