
Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 6/9/2010
IMR Application Received: 7/19/2013
MAXIMUS Case Number: CM13-0002070

- 1) MAXIMUS Federal Services, Inc. has determined the request for **a cold therapy unit is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **the purchase of a pre-fabricated knee brace for the left knee is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/10/2013. 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 cold therapy unit is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **the purchase of a pre-fabricated knee brace for the left knee 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 Orthopedic Surgery, with at least five years of experience providing direct patient care 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:

The patient is a 51 year old female who reported a work-related injury on June 9, 2010. The mechanism of injury was the result of a fall. An MRI of the patient's left knee dated February 8, 2013 signed by Dr. [REDACTED] revealed mild posteromedial meniscocapsular sprain without discrete meniscal tear, the lateral meniscus being intact, chondral thinning over the median ridge patella and a partial thickness chondral fissure over the lateral patellar facet and mild medial collateral ligament sprain without discrete ligament tear. The clinical note dated June 25, 2013 reports the patient was seen for follow up under the care of Dr. [REDACTED] for her continued left knee pain complaints. The provider documented the patient was a surgical candidate for her left knee. The provider documented the patient presents with a history of both knee instability and pain. The provider documented the patient's instability is not just with more aggressive activities, but also with daily ones. The provider documented that a physical exam of the left knee revealed mild atrophy and musculature. There was mild medial and lateral joint line tenderness with a positive McMurray's exam. However, patellofemoral examination showed significant facet tenderness with negative apprehension. The knee showed full range of motion. The provider documented the patient presented with left knee persistent mechanical symptoms, medial meniscal abnormality and chondral injury to the lateral tibial plateau. The provider documented the patient was a candidate for left knee arthroscopy which possibly included a partial medial meniscectomy. Peri-operatively the patient, per the provider, would require a cryotherapy unit and a knee brace with postoperative physical therapy. The clinical notes did not evidence the patient in fact underwent the surgical procedure recommended by Dr. [REDACTED]

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 (date 7/19/2013)
- Utilization Review by [REDACTED] (date 7/9/2013)
- Medical Records from employee's representative (7/18/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request a cold therapy unit:

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), Current Version, Knee Section, Cryotherapy, 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), Knee Section, Cryotherapy.

Rationale for the Decision:

The clinical notes provided for review do not indicate that the employee underwent the procedure for which the cold therapy unit was requested. Additionally, ODG indicate mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. **The request for a cold therapy unit is not medically necessary and appropriate.**

2) Regarding the request for the purchase of a pre-fabricated knee brace 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 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), Knee and Leg Chapter, Online Edition.

Rationale for the Decision:

The clinical notes provided for review did not indicate whether or not the employee underwent the recommended surgical intervention. However, ODG indicate that pre-fabricated knee braces may be appropriate in patients with one of several conditions including meniscal cartilage repair. The clinical notes

provided from the MRI of the left knee did not reveal any meniscal tears, therefore it is unclear if the employee is a candidate for the surgical interventions recommended, and the use of the knee brace. **The request for the purchase of a pre-fabricated knee brace for the left knee 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
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/dso

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.