

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	4/3/2010
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003108

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for rental of CPM (in days) QTY: 30.00 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for cold therapy system QTY: 1.00 **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 7/22/2013. 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 rental of CPM (in days) QTY: 30.00 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for cold therapy system QTY: 1.00 **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 Preventive Medicine and Occupational Therapy, 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 59-year-old male with injuries to multiple body parts, including the bilateral knees, reportedly associated with an industrial injury of 4/2/2010. Thus far, he has been treated with analgesic medications, left total knee arthroplasty on 4/22/2013, manipulation under anesthesia surgery procedure on 6/13/2013, to ameliorate the diagnosis of postoperative knee arthrofibrosis, use of a cane, and unspecified amounts of aquatic therapy. The most recent progress report dated 6/12/2013 does not detail any subjective complaints, is notable for comments that the patient has a knee contracture following total knee arthroplasty. The patient exhibits 5/5 knee strength, moderate limp, is obese, uses a cane and exhibits -5 to 90 degrees of motion about the injured knee. The patient has been given a refill of Percocet for pain relief.

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 (received 7/25/2013)
- Utilization Review Determination from [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the retrospective request for rental of CPM (in days) QTY: 30.00:

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), Knee & Leg Chapter, CPM section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 3rd Edition, Knee Chapter, Post-Operative Rehab section and the ODG section used by the Claims Administrator.

Rationale for the Decision:

The ACOEM Guidelines suggest CPM may be useful for select, substantially inactive patients postoperatively. The ODG suggests that CPM can be supported for up to 21 days in an acute hospital setting and for up to 17 days for home use purposes, particularly in those individuals who are status post total knee arthroplasty and/or have associated arthrofibrosis. The records submitted for review indicate the employee is an inactive individual and is ambulating with use of a cane. The employee apparently had difficulty participating in post-operative therapy following the initial knee arthroplasty and developed post-operative arthrofibrosis. The retrospective request for rental of CPM (in days) QTY: 30.00 **is medically necessary and appropriate.**

2) Regarding the request for retrospective cold therapy system QTY: 1.00:

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), Knee & Leg Chapter, Continuous-Flow Cryotherapy section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). 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 ODG suggests that continuous cooling devices can be employed for up to one week post-operatively, but that there is limited support of continuous cooling devices beyond that point in time, particularly in light of the fact that the potential complications of continuous cooling therapy (e.g. frostbite) may outweigh the benefits. The retrospective request for cold therapy system QTY: 1.00 **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.