

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]

7/18/2013

4/2/2013

7/25/2013

CM13-0003251

- 1) MAXIMUS Federal Services, Inc. has determined the request for CPM machine, rental, x 21 days **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for synthetic sheepskin pad, purchase **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 CPM machine, rental, x 21 days **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for synthetic sheepskin pad, purchase **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 18, 2013:

As per the referral this 47 year old male has a date of injury of 4/2/13. Office visit dated 6/28/13 notes the claimant with complaints of bilateral knee pain. MRI of the left knee dated 6/25/13 revealed evidence of altered signal throughout the cruciate ligament consistent with injury to the posterior lateral corner of the knees, and evidence of microfractures about the knee. MRI of the right knee dated 6/25/13 revealed evidence of the tibial rod, which causes artifact, and tearing of the meniscus medial and lateral. Operative report dated 6/29/13 notes the claimant underwent a right knee manipulation under anesthesia, and left knee arthroscopic multi compartment synovectomy, partial medial meniscectomy, chondroplasty of medial compartment chondromalacia, and manipulation under anesthesia. Physical therapy note dated 7/15/13 notes the claimant with range of motion of the left knee of 60-80 degrees.

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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/18/13)
- Medical Records from [REDACTED] or Medical Records requested were not timely submitted for this review
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request** CPM machine, rental, x 21 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), current version, Criteria for the Use of Continuous Passive Motion Devices, a medical treatment guideline, not part of the MTUS. The Expert Reviewer stated MTUS does not address the issue at 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 sustained a work-related injury following a fall on 4/02/13. The submitted medical records note the employee sustained multiple fractures to both lower extremities and the right upper extremity. The employee's diagnoses included traumatic burst fracture of lumbar vertebra, left knee dislocation with arthrofibrosis, multi-ligament injury with medial meniscal tear and right knee arthrofibrosis, medial meniscal tear. Prior treatment has included surgery, physical therapy and occupational therapy. A request has been submitted for CPM machine, rental, x 21 days.

The Official Disability Guidelines note that use of CPM is not recommended for most cases of knee arthroplasty. However, per the submitted documentation, this is a complicated case. The employee sustained multiple injuries which include both lower extremities and the lumbar spine. Using CPM in this setting is likely to be beneficial and is appropriate for use in individuals who are unable to bear weight quickly and participate in an active physical therapy plan quickly after surgery. The requested CPM machine, rental X 21 days **is medically necessary and appropriate.**

2) **Regarding the request for synthetic sheepskin pad, purchase:**

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), Criteria for the Use of Continuous Passive Motion Devices, a medical treatment guideline, not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. 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 sustained a work-related injury following a fall on 4/02/13. The submitted medical records note the employee sustained multiple fractures to both lower extremities and the right upper extremity. The employee's diagnoses included traumatic burst fracture of lumbar vertebra, left knee dislocation with arthrofibrosis, multi-ligament injury with medial meniscal tear and right knee arthrofibrosis, medial meniscal tear. Prior treatment has included surgery, physical therapy and occupational therapy. A request has been submitted for synthetic sheepskin pad, purchase.

The Official Disability Guidelines do not support the requested synthetic sheepskin pad in this case. A CPM rental has been determined to be medically necessary. However, a sheepskin pad should be included with the rental. An additional sheepskin pad or replacement pad is not medically necessary. The requested for sheepskin pad, purchase **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

/srb

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.