

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/18/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	4/20/2013
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0006743

- 1) MAXIMUS Federal Services, Inc. has determined the request for **appeal under sleeve is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/9/2013. 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 **appeal under sleeve 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, Connecticut, and Pennsylvania. 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 claimant is a 39-year-old female who sustained an injury on April 20, 2010, mechanism unclear. Initial diagnoses were that of left knee contusion/sprain and left knee sprain. On an unknown date, the claimant underwent a left knee arthroscopy and lateral retinacular release with chondroplasty and debridement.

Recent clinical assessment dated June 10, 2013 gave a chief complaint of pain about the low back with bilateral knee pain, weakness and leg complaints. Physical examination findings showed the claimant wearing a hinged knee brace on the left secondary to subjective complaints of instability. There was no palpable effusion bilaterally. There was general stiffness with motion from 2 to 135 degrees on the right and 4 to 135 degrees on the left. Weakness was noted with manual muscle testing. Working assessment was of left knee pain with chondromalacia per MRI and compensatory right knee strain with slight lateral tilting on the patella on radiograph. An under-sleeve was recommended for the knee at that time for further treatment. The claimant has subsequently developed a rash for which request of the sleeve was recommended. No further documentation regarding the rash is available for review. It was noted to be on the left thigh.

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
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for appeal under sleeve:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 13, Knee Complaints, Table 13-6, Summary of Recommendations and Evaluating and Managing Knee Complaints, which is part of MTUS, and the Official Disability Guidelines (ODG), Chapter, Knee & Leg, Knee Brace, which is not part of 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 Procedure, Knee Brace, which is not part of the MTUS.

Rationale for the Decision:

California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the need for continued bracing in this case is not clear. Examination findings are not clear as to whether the brace could be rubbing on the knee and if this dermatitis is actually from the brace itself. As stated, there is no documentation for need of continued use of bracing and thus there is no need for use of an under-sleeve. **The request for appeal under sleeve 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

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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.