

Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/20/2013

IMR Case Number:	CM13-0007853	Date of Injury:	06/03/2012
Claims Number:	[REDACTED]	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/06/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:	Purchase of cold therapy unit for the left knee		

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 49-year-old gentleman injured on June 3, 2012, sustaining injury to the bilateral knees after falling forward. Specific to the left knee, there is an MRI report from July 2, 2012 that was noted to be negative with no fracture, meniscal or ligamentous injury identified. Ultimately, a left knee arthroscopy was recommended by the treating provider and denied by utilization review process.

An appeal letter from Dr. [REDACTED] of August 1, 2013 appealed the decision, citing failed conservative measures and continued symptomatic examination. He recommended diagnostic arthroscopy for the claimant's knee as pertinent.

Further review of records in this case does not indicate that the surgical process has occurred. There is a current appeal for the purchase of a cryotherapy device for the left knee for purchase in the postoperative setting.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. purchase of cold therapy unit for the left knee is not medically necessary and appropriate.

The Claims Administrator based its decision on: **The Claims Administrator did not cite any evidence based criteria for its decision..**

The Physician Reviewer based his/her decision on the Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy, which in not part of MTUS.

The Physician Reviewer's decision rationale: California ACOEM and MTUS guidelines are silent. When looking at Official Disability Guideline criteria, purchase of a cryotherapy device following a knee procedure, is not recommended. The guidelines would not recommend the purchase but rather a seven day use of the device in the postoperative setting. Further and more importantly noted is the fact that surgery has not taken place in this case according to records available for review. There would be no indication for use of a cryotherapy device in the absence of a surgical process. The specific request is not indicated. **The request for the purchase of cold therapy unit for the left knee is not medically necessary and appropriate.**

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.



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