

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for right knee scope partial meniscectomy, chondroplasty medial femoral condyle **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/17/2013 disputing the Utilization Review Denial dated 4/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/18/2013. 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 right knee scope partial meniscectomy, chondroplasty medial femoral condyle **is not medically necessary and appropriate.**

### Medical Qualifications of the Professional 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. 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 professional 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 April 5, 2013.

██████ noted this is a 48 year old car salesman was at the gas station to fill up vehicle, he hooked up gas pump and stepped over the line to close open door when his right foot did not get over the hose. He fell and twisted his right knee, as he was falling he heard a pop, he also landed on the right knee. It started to swell a great deal. Went to the Occur med clinic and was eventually referred to orthopedic specialist Dr ██████

Objective findings: X-ray of right knee from 03/21/2013: Diffuse degenerative joint knee changes. Fracture of the medial tibial plateau.- The fracture was nondisplaced, nonangulated. Physical exam of right knee: Positive effusion. Positive anterior drawer. Positive Lachman. PCL, LCL, MCL are intact. Neurovascularly intact. Positive medial joint line tenderness MRI findings: MRI of right knee: 1. Fracture of the medial Tibial plateau- Nondisplaced, nonangulated. 2. Chronic anterior cruciate ligament tear. 3. Degenerative joint disease. 4. Diffuse chondromalacia. Physical exam of right knee: Positive effusion. Positive anterior drawer. Positive Lachman. PCL, LCL, MCL are intact. Neurovascularly intact. Positive medial joint line tenderness. Diagnosis: 1. Right knee medial tibial plateau fracture. 2 Diffuse chondromalacia of right knee. 3 Chronic anterior cruciate ligament tear. Dr ██████ is requesting: Right knee scope, partial meniscectomy, chondroplasty medial femoral condyle Limited medical reports are available, attached is initial report Dr ██████ MRI report included in MD notes. On 03/28/13 doctor noted previous right knee surgery for ACL reconstruction. Doctor noted patient' knee is not stable. Doctor noted recent flare up of knee with swelling, pain and chronic instability. Doctor noted review of imaging noted diffuse knee degenerative changes along with a healed undisplaced medial tibial plateau fracture. Findings included positive Drawer, positive Lachman, and positive medial joint line pain. Knee injected on that date. Doctor noted need for arthroscopy to stabilize cartilage, debride joint and then use visco supplementation post-op would help knee. He noted likely TKA

in future. Doctor noted surgery would take place after medial tibial plateau is healed. On 04/01/13 request for surgery was submitted.”

**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 dated 4/17/2013
- Utilization Review Determination provided by [REDACTED] dated 4/05/2013
- Medical Records from 3/16/2013 through 6/11/2013
- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2<sup>nd</sup> Edition, 2004, Knee Complaints, Surgical Considerations pages 343 - 345

**1) Regarding the request for Right knee scope partial meniscectomy, chondroplasty medial femoral condyle:**

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2<sup>nd</sup> Edition, 2004, Knee Complaints, Surgical Considerations pages 343 – 345, of the Medical Treatment Utilization Schedule (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 injured his right knee on 3/15/2013 and experienced swelling. A computerized tomography dated 3/20/2013 revealed a non-displaced intra-articular fracture of the medial tibial plateau. A magnetic resonance imaging dated 3/21/2013 revealed a non-displaced intra-articular fracture of the medial tibial plateau and attenuated posterior horn of the meniscus. Findings were consistent with chondromalacia patella. A request for surgery was made.

ACOEM guidelines, 2<sup>nd</sup> Edition, 2004, Knee Complaints, Surgical Considerations pages 343 – 345, of the MTUS do not recommend meniscus surgery for patients who exhibit signs of degenerative changes. The CT and MRI performed suggest degenerative joint disease changes are evident. The request for right knee scope partial meniscectomy, chondroplasty medial femoral condyle 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, 18<sup>th</sup> 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.