

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: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/31/2013
Date of Injury:	5/17/2013
IMR Application Received:	6/10/2013
MAXIMUS Case Number:	CM13-0000616

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the right knee is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/10/2013 disputing the Utilization Review Denial dated 5/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/22/2013. 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 **MRI of the right knee 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma. 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 66-year-old male that reported an injury on 05/17/2013 as the result of multiple episodes of climbing a high step on to a piggy back forklift resulting in right knee pain. Per the clinical note dated 05/20/2013 the patient states "the knee brace helps" and ice helps relieve the pain. The clinical note dated 05/27/2013 states the patient is now using a cane for stability and weight bearing. The note reported physical findings of tenderness soft tissue and swelling to the right knee with a negative grind test. The request for an MRI of the right knee was previously denied via determination letter dated 06/03/2013 citing the lack of conservative treatment, absence of significant objective findings, and lack of red flag conditions. The progress report dated 06/10/2013 stated the patient reports the right knee is slowly improving with physical therapy. The report noted physical findings of negative swelling, negative point tenderness, full flexion and extension, normal sensation, and 2+ deep tendon reflexes to the patella and the Achilles of the right lower extremity. The Work Status Report dated 06/24/2013 reported the patient has improved, is permanent and stationary, discharge with pre-injury status/no restrictions, and may return to work full duty.

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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI of the right knee:

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 Environmental and Occupational Medicine (ACOEM), Second Edition, (2004), Chapter 13, pages 341, 348-350, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Knee Complaints, Chapter 13, Diagnostic Criteria, page 341-343, which is part of the MTUS.

Rationale for the Decision:

ACOEM Guidelines state "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." The clinical information submitted for review suggests the employee has improved with physical therapy and returned to work full duty with no restrictions. The submitted documentation does not contain objective physical findings that would warrant the need for an MRI. **The request for MRI of the right knee 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

/sm

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.