

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 6/5/2013  
Date of Injury: 12/8/2011  
IMR Application Received: 6/11/2013  
MAXIMUS Case Number: CM13-0000644

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: OVERTURN. This means we decided that all 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, 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **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 patient is a 53-year-old female injured on 12/08/11 sustaining injury to the left knee.

She was getting up from a squatting position while at work resulting in acute onset of pain and discomfort. Records also indicate underlying complaints of left hip pain, right knee pain, and low back pain. Most recent clinical progress report for review is a PR2 report from Dr. [REDACTED] dated 09/16/13 citing continued subjective complaints of left knee pain as well as increased right knee pain with limping stating that she is awaiting "left knee arthroscopy". Physical examination demonstrated a continued limp to the left lower extremity with joint line tenderness, limited range of motion, and difficulty standing. Her working diagnosis was internal derangement to the left knee and surgical arthroscopy was once again recommended. Formal imaging to the left knee is not available for review. However, it is noted that a previous scan of 05/22/12 showed a medial meniscal degenerative signal with medial compartment chondrosis. Specific treatment to the knee has included medication management, activity restrictions, and home exercise. Based on continued ongoing complaints of pain as stated, a knee arthroscopy with partial medial meniscectomy and chondroplasty was recommended as well as 12 sessions of postoperative physical therapy. This has been denied by utilization review and approved the requested surgery in June of 2013. It is unclear as to why it did not take place. The utilization review indicated that the surgery was approved between 06/10/13 and 11/29/13 citing claimant's failed conservative care, MRI scan findings, and continued symptomatic complaints. At present, there is a request for the role of a knee arthroscopy with partial meniscectomy and chondroplasty between 06/03/13 and 07/18/13 and 12 sessions of formal physical therapy in this same timeframe.

### **IMR DECISION(S) AND RATIONALE(S)**

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

**1. One left knee arthroscopy with partial meniscectomy and chondroplasty between 6/3/2013 and 7/18/2013 is medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines, Knee and Leg Chapter, Indications for Surgery, which is not part of the MTUS..

The Physician Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pages 344-345, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The proposed surgery appears warranted. The employee has failed a considerable course of conservative care, is with an MRI scan that is highly indicative of meniscal pathology and continues to be symptomatic. The surgical process was already approved by utilization review reviewed on 08/08/13 by Dr. [REDACTED] M.D. This reviewer would agree with the above interpretation given the claimant's ongoing clinical complaints and positive imaging findings. **The request for one left knee arthroscopy with partial meniscectomy and chondroplasty between 6/3/2013 and 7/18/2013 is medically necessary and appropriate.**

**2. Twelve postoperative physical therapy sessions between 6/3/2013 and 7/18/2013 is medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines, Post-Surgical, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Post Surgical Treatment Guidelines, dislocation of knee; tear of medial/lateral meniscus of knee; dislocation of patella, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 physical therapy sessions also would be indicated per guideline criteria. While initially six sessions would be supported, given the one half role of physical therapy, up to 12 sessions in the postoperative timeframe, would be indicated given the nature of the surgery in question. **The request for Twelve postoperative physical therapy sessions between 6/3/2013 and 7/18/2013 is 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.

[REDACTED]

CM13-0000644