

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/12/2013
Date of Injury: 8/5/2009
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0013970

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 patient is a 49 year old male who reported a work-related injury on 08/05/2009 as result of a fall. Subsequently, the patient has been treated for a left knee injury. The patient is status post a left knee replacement as of 2011. Limited nuclear bone scan of the patient's bilateral knees dated 10/17/2012 signed by Dr. [REDACTED] revealed mild increased activity about the prosthesis within the left knee, but not any increase to the right prosthesis. This may represent some degenerative changes of the knee. The radiologist documented it seems less likely to represent any loosening of the prosthesis or even an infective process although infection cannot be excluded. X-ray of the left knee dated 02/28/2013 signed by Dr. [REDACTED] revealed lucency around the tibial prosthetic stem posteriorly and along the medial tibial plateau suspicious for loosening of the tibial prosthesis. The femoral component was unremarkable and there was no joint effusion noted. The clinical note dated 02/27/2013 reports the patient was seen under the care of Dr. [REDACTED] for his continued left knee pain complaints. The provider requested obtaining a diagnostic ultrasound in clinic to familiarize himself with the patient's case and to rule out effusion or other abnormalities. The provider documented upon physical exam of the patient, an antalgic gait was noted on the left side. The provider documents the patient utilizes Norco 10/325 mg up to 6 daily for his pain. The provider documented x-rays performed in clinic revealed lucency around the tibial prosthetic stem suspicious for loosening of hardware. The provider recommended surgical consult as soon as possible. The clinical note dated 09/17/2013 reports the patient underwent recent CT scan as of 08/12/2013 revealing calcified loose bodies to the left knee and semimembranous gastrocnemius bursa with a knee effusion. The provider again recommended a diagnostic ultrasound.

IMR DECISION(S) AND RATIONALE(S)

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

1. The repeat ultrasound of the left knee is not medically necessary and appropriate.

The Claims Administrator based its decision on the the Official Disability Guidelines (ODG), which are not a part of the MTUS.

The Physician 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 Physician Reviewer based his/her decision on the Official Disability Guidelines, Knee and Leg Chapter.

The Physician Reviewer's decision rationale: The ODG indicate diagnostic ultrasound is recommended as indicated below. Soft tissue injuries, meniscal chondral surface injuries, and ligamentous disruption are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament injuries in the presence of hemarthrosis or for followup. The clinical notes provided for review evidence that the employee initially presented for evaluation in 02/2013 under the care of Dr. [REDACTED]. At that time, the provider requested diagnostic ultrasound to maximally familiarize himself with the patient's case and to rule out effusion or other abnormalities as the patient subjectively presented with pain complaints about the left knee. The official report of initial diagnostic ultrasound of the employee's left knee was not submitted in the clinicals reviewed. Furthermore, the employee has undergone nuclear bone scans, x-rays, and CT scan. Further imaging studies of the employee's left knee is not indicated. The employee subjectively presents with pain complaints about the left knee status post a work-related injury sustained in 2009 and a subsequent left total knee replacement performed in 2011. The clinical notes fail to evidence significant objective findings of symptomatology upon physical exam of the patient that were not addressed via previous imaging studies to support the requested repeat diagnostic ultrasound. **The request for a repeat ultrasound is not medically necessary and appropriate.**

/dso

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]
[REDACTED]
[REDACTED]

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