MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 9/27/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/9/2013
Date of Injury:	6/18/1997
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001733

1) MAXIMUS Federal Services, Inc. has determined the request for an X-ray AP/Lateral weight bearing with sunrise view of right knee **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for an X-ray of AP/Lateral of the right wrist **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for an injection of Cortisone and Marcaine to the right knee **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 an X-ray AP/Lateral weight bearing with sunrise view of right knee **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for an X-ray of AP/Lateral of the right wrist **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for an injection of Cortisone and Marcaine to 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 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 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.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013:

"This 70-year-old male sustained an injury on 6/18/97. The mechanism of injury was not provided. His diagnoses were degenerative joint disease of the right knee and cervical spine radiculopathy. Dr. [redacted] evaluated the patient on 6/21/13 for complaints of right knee pain. There were no physical examinations findings documented. Dr. [redacted] had recommended and X-ray and injection of right knee, and X-ray of the right wrist."

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 (received 7/16/13)
- Utilization Review Determination from [redacted] (dated 7/9/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, pgs. 341-343

- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, pg. 268
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Knee Chapter, pg. 339
- Medical Records and PR-2 Reports from [redacted], MD (dated 7/16/12-4/26/13)
- MRI Report of Lumbar Spine from [redacted] (dated 4/2/13)

1) **Regarding the request for an X-ray AP/Lateral weight bearing with sunrise view of right knee :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, pgs. 341-343, part 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:
On 6/18/1997 the employee sustained a work related injury. The submitted and reviewed medical records indicate diagnoses of degenerative joint disease of the bilateral knees and lumbar strain with radiculopathy. The medical records submitted for review did not contain a history of prior or current treatments tried and failed. A reviewed medical report dated 6/13/13 indicates the employee continues to experience multiple areas of pain including right hand thumb, low back, and right knee. A request was submitted for X-ray AP/lateral weight bearing with sunrise view of right knee.

MTUS ACOEM guidelines state “special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation”. The clinical notes reviewed lacked evidence of recent conservative care for the right knee and there was no evidence of a thorough physical exam to support the requested imaging study. The request for an X-ray AP/lateral weight being with sunrise view of right knee **is not medically necessary and appropriate.**

2) **Regarding the request for an X-ray of AP/Lateral of the right wrist:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, pg. 268, part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (current version), Treatment Index, 11th Edition, (current version), Forearm, Wrist and Hand Chapter, Radiography, a medical treatment guideline not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the

Claims Administrator. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:
On 6/18/1997 the employee sustained a work related injury. The submitted and reviewed medical records indicate diagnoses of degenerative joint disease of the bilateral knees and lumbar strain with radiculopathy. The medical records submitted for review did not contain a history of prior or current treatments tried and failed. A reviewed medical report dated 6/13/13 indicates the employee continues to experience multiple areas of pain including right hand thumb, low back, and right knee. A request was submitted for X-ray AP/lateral weight bearing with sunrise view of right knee.

MTUS ACOEM guidelines indicate special studies are not needed for most patients until after a four- to six-week period of conservative care and observation. The clinical notes reviewed lacked evidence of a thorough physical examination and did not reveal any positive physical findings or specific rationale for why an X-ray of the employee's wrist is being recommended at this point in the treatment. The request for an X-ray of AP/lateral of the right wrist **is not medically necessary and appropriate.**

3) **Regarding the request for an injection of Cortisone and Marcaine to the right knee:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (current version), 2013, Knee and Leg Chapter, Corticosteroid Injections, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), pgs. 337, 346, applicable and relevant to the issue at dispute.

Rationale for the Decision:
On 6/18/1997 the employee sustained a work related injury. The submitted and reviewed medical records indicate diagnoses of degenerative joint disease of the bilateral knees and lumbar strain with radiculopathy. The medical records submitted for review did not contain a history of prior or current treatments tried and failed. A reviewed medical report dated 6/13/13 indicates the employee continues to experience multiple areas of pain including right hand thumb, low back, and right knee. A request was submitted for X-ray AP/lateral weight bearing with sunrise view of right knee.

MTUS ACOEM guidelines indicate cortisone injections are optional in the treatment of knee disorders and are not routinely indicated. The medical records reviewed do not document physical examination findings related to the right knee indicating functional deficits to support the necessity of the requested injection. The request for an injection of Cortisone and Marcaine to 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.