

**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: 9/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/1/2013

12/1/2005

7/17/2013

CM13-0001856

- 1) MAXIMUS Federal Services, Inc. has determined the requested adjustable bed **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested right knee reconstruction **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 requested adjustable bed **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested right knee reconstruction **is 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 Occupational Medicine, 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 1, 2013:

"The patient is a 37 year old male with a date of injury of 12/1/2005. Under consideration is a prospective request for 1 adjustable bed and 1 right knee reconstruction. Review of the available information indicates that the patient is being treated for primary localized osteoarthritis of the lower leg. The report dated 3/20/2013 by [REDACTED] reveals right knee soreness, the patient is not working, and had not undergone physical therapy. Examination reveals quadriceps atrophy and flexion to 90 degrees."

### 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 7/17/2013)
- Utilization Review from [REDACTED] (dated 7/1/2013)
- Medical Records from [REDACTED], MD (dated 7/9/12-7/17/13)
- Medical Records from [REDACTED] (dated 11/27/12-7/23/12)
- Medical Records from [REDACTED] MD (dated 1/7/13-2/13/13)
- Medical Records from [REDACTED], MD (dated 3/13/13)
- Medical Record from [REDACTED] (dated 4/2/13)
- Knee Complaints Chapter (ACCOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 1

## 1) Regarding the request for an adjustable bed:

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

The Claims Administrator did not provide any evidence-based guidelines for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated the Medical Treatment Utilization Schedule (MTUS) did not address the issue at dispute. The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Third Edition, (2010), Low Back, Devices, Sleeping Surfaces, which is not a part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee sustained a work-related injury on December 5, 2005, resulting in chronic ankle, bilateral knee and left arm pain. The medical records provided for review indicate treatment has included pain medication management, knee brace, knee corticosteroid injections, right knee arthroscopy, physical therapy, multiple surgeries, and incision and drainage of abscesses. The request is for an adjustable bed.

ACOEM guidelines indicate that there is not any particular form of bed that would optimize or reduce the employee's knee or low back pain. The request for an adjustable bed **is not medically necessary and appropriate.**

## 2) Regarding the request for right knee reconstruction:

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

The Claims Administrator did not provide any evidence-based guidelines for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated the Medical Treatment Utilization Schedule (MTUS) did not address the issue at dispute. The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Third Edition, (2010), Knee, Specific Diagnoses, Knee Pain and Osteoarthritis, Surgical Consideration for Knee Osteoarthritis, which is not a part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee sustained a work-related injury on December 5, 2005, resulting in chronic ankle, bilateral knee and left arm pain. The medical records provided for review indicate treatment has included pain medication management, knee brace, knee corticosteroid injections, right knee arthroscopy, physical therapy, multiple surgeries, and incision and drainage of abscesses. The request is for right knee reconstruction.

ACOEM guidelines state that cartilage grafting and/or transportation is recommended for select individuals less than 40 years old with traumatic condylar defects. Based on the medical records provided for review, the employee is younger than 40 years of age with an arthroscopically-confirmed defected condylar that has proven recalcitrant to numerous other treatments. The request for right knee reconstruction **is 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

/mbg

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.