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**Notice of Independent Medical Review Determination**

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	3/29/1991
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001973

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 right knee replacement **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 Orthopaedic 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 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 8, 2013.

DIAGNOSIS: Knee Pain

CLINICAL SUMMARY: The patient is a 63 year old male with a reported date of injury of 03/29/91. The progress note for review is dated 03/27/12 and indicates it is a pre-operative evaluation for a scheduled total knee replacement on 04/30/12. The patient noted worsening knee symptoms with locking. It is noted he has insomnia related to chronic pain issues. Other records include testing completed as part of a pre-operative clearance due to his medical history of cardiac issues. There is no report from the requesting provider provided. There are no imaging reports for review or a current thorough examination.

### 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
- Utilization Review from Claims Administrator
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request for right knee replacement:

#### 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) – Knee/Leg Chapter, Knee Joint Replacement Section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization

Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/29/1991 and has experienced pain in the bilateral knees and lumbar spine. The clinical notes submitted for review show the employee has undergone multiple surgical interventions to the lumbar spine and a total left knee replacement in 2006. An x-ray of the right knee dated 1/13/2012 revealed moderate osteoarthritis to the right knee and chondrocalcinosis. The employee's pain is managed via a pain pump. A clinic note dated 4/19/2012 reports the employee has developed progressive severe post-traumatic arthropathy in his right knee. A request was submitted for right knee replacement.

The ODG criteria for the requested surgical intervention includes: (1) documentation of conservative care; (2) subjective clinical findings; (3) objective clinical findings; and (4) imaging of clinical findings. The most recent clinical note submitted for review did not include a recent thorough physical exam of the employee documenting objective findings of symptomatology to support the requested surgical intervention at this point in the employee's treatment. The documentation submitted and reviewed does not support the request. The request for right knee replacement 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  
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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.