
Notice of Independent Medical Review Determination

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/27/2013
Date of Injury:	3/30/2011
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002285

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the right knee **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 6/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 MRI of the right knee **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 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 June 27, 2013:

“Clinical Summary: This 41-year-old male was injured on 3/30/11. The mechanism of injury occurred when the patient was working as a farmworker, and apparently his right leg got caught and was chewed up by a piece of equipment. He was diagnosed with bilateral knee pain, status post a right below-knee amputation, low back pain and depression. Medical records provided for review included a primary treating physician's progress report (PR-2) dated 5/21/13 indicated the patient had periodic infections of his right below-knee amputation residual limb and may need revision surgery. He had left knee pain and an MRI had previously been completed. The patient was reporting a back pain level of 5/10, lower back pain of 4/10, right leg pain of 7/10, and left leg pain of 6/10. Current medications included Hydrocodone 10/325 mg, up to five tablets daily; Trazodone 50 mg daily; and Naprosyn 375 mg TID. Exam findings noted full range of motion of the upper extremities. He had a short stump right-below knee amputation. He was pistoning in the prosthesis. There was tenderness over the right tibial tubercle and a wear spot of the corresponding area of the silicon sleeve. Right knee flexion was to 90 degrees. There was tenderness over the left knee. There was numbness over the distal portion of the right leg. This reviewer spoke with Dr. [REDACTED], who reported that the patient had a very short right below-knee amputation and was experiencing significant pain, in part due to a poor fit of the current prosthesis. Correcting the prosthesis may not provide the desired effect due to the shortness of the stump. The patient had two surgical opinions, and apparently both had recommended conversion to an above-knee amputation. Dr. [REDACTED] indicated that the current dose of Norco was nicely managing his pain, particularly given the pending surgery. The patient was also scheduled for a left knee medial meniscectomy. She was requesting an MRI of the right knee so that she can provide additional information to the patient regarding the status of the knee. “

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 7/22/2013)
- Utilization Review Determination (dated 6/27/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for an MRI of 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), Knee and Leg Chapter, MRI section, which is a medical treatment guideline (MTG) 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 relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Knee Chapter, pages 341-343, which are part of the MTUS.

Rationale for the Decision:

The employee injured the right knee on 3/30/2011 and has since had a right below the knee amputation. The provider documents the employee has had periodic infections in the stump and most likely requires a revision. The employee continues with persistent right lower extremity pain in addition to the periodic infections which require antibiotic treatment. The provider documented the employee ambulates with the assistance of a cane and a prosthetic to the right lower extremity and his prosthesis is offset, pistoning, and has AP instability. The employee reported a wear spot of the silicone sleeve and reports of numbness along the distal portion of the right lower extremity. Current medications include hydrocodone, Cymbalta, trazodone, and naproxen. A request was submitted for an MRI of the right knee.

The ACOEM Guideline indicates that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The employee's knee ex-ray performed in October 2012 showed no significant abnormalities. In addition, the records submitted for review show the employee has had multiple infections to the right stump, continued significant pain complaints to the stump, skin redundancy, and tenderness of the tibial tubercle with almost a feeling of abnormal growth or secondary bursa development. The provider has recommended further imaging to evaluate a future course of treatment and possible further surgical intervention. The request for an MRI of the right knee **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
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/sab

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.