

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	2/18/2005
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003395

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of bilateral knees without contrast **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 bilateral knees without contrast **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Preventive Medicine and Occupational Medicine and is licensed to practice in New York. 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 5, 2013:

This is a patient with a date of birth [REDACTED] and date of injury 02/18/2005 with a history of injury to both knee joints. I reviewed the provider's report dated 06/19/13, prior peer review report dated 05/31/13, and Agreed Medical Examiner's report of 05/15/12. In these reports including the AME's report, there is documentation that this patient has severe changes in the right knee that requires a total knee replacement and the Agreed Medical Examiner in his report had stated that if the patient's condition worsened he may need an updated MRI.

I reviewed previous physician reviewer's report that did not certify the request for right total knee and gave noncertification of MRI of the right knee, repeat, and MRI of the left knee as not being medically necessary.

A telephonic peer-to-peer review was attempted on an urgent review basis. I called the provider's office and had to leave a message with the [REDACTED] indicating that the Synvisc injections to both knee joints will be approved and that MRI of both knees cannot be certified.

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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/5/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for an MRI of bilateral knees without contrast:

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), which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The Expert Reviewer relied on the California MTUS Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), pages 344-352.

Rationale for the Decision:

The employee was injured on 2/18/2005 with continuous trauma caused by kneeling. The employee is status post right knee arthroscopy on 10/20/2006 and was found to have grade 3-4 osteoarthritis. The employee has experienced stiffness, achiness and pain, and ambulates using a single point cane. The employee's medications include etodolac and hydrocodone and the employee has been approved for treatment with viscosupplementation. The provider has recommended an MRI to investigate the possibility of intraarticular pathology. A request was submitted for an MRI of bilateral knees without contrast.

The ACOEM Guidelines state "arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." The records submitted and reviewed document the employee has significant degenerative changes, and meniscal pathology. The provider recommended an MRI for diagnosis of possible pathology based on symptoms not usually ascribed to osteoarthritis including a popping sensation, and abnormality on physical examination, such as a positive McMurray's. However, work-up of possible meniscal disruption is secondary to the management of the osteoarthritis. The focus of care should be on managing the employee's osteoarthritis, for which plain film x-rays are considered the standard of care. The request for an MRI of bilateral knees without contrast **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

/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.