

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 6/9/2011
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0005306

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 PRP injection to the right knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Robaxin 750mg # 20 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Norco 7.5 #30 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the patellofemoral joint **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 1 PRP injection to the right knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Robaxin 750mg # 20 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Norco 7.5 #30 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the patellofemoral joint **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.

Expert Reviewer Case Summary:

According to the 7/15/13 UR letter, the patient is 31 year-old, male and was injured on 6/9/11. The 8/25/11 medical report shows he was working at a golf club as a chef and on 6/9/2011 a case of chili fell, he lunged forward twisting his right knee as it hit the ground. He was 6', and 192 lbs, and underwent 2 surgeries to the right knee the most recent on 11/1/12 for partial meniscectomy, chondroplasty.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for 1 PRP injection to the right knee:**
Section of the Medical Treatment Utilization Schedule 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 (acute and chronic), which is not part of Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on The Official Disability Guidelines (ODG), Knee Chapter Online, which is not part of MTUS.

Rationale for the Decision:

The Official Disability Guidelines do not recommend platelet-rich plasma (PRP) injections due to inconsistencies, but states it appears promising. The employee had two arthroscopic surgeries and a Synvisc injection without benefit. The physician requested PRP and a patella tracking MRI as there appears to be concern that a patellar tracking issue may be the cause of persistent pain. **The request for PRP is not medically necessary and appropriate.**

2) Regarding the request for Robaxin 750mg # 20:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence basis for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 63-64, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines recommends short-term usage of muscle relaxants for pain. The medical records provided for review indicate the employee has been on Robaxin for over a year. **The request for Robaxin 750mg #20 is not medically necessary and appropriate.**

3) Regarding the request for Norco 7.5 #30:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence basis for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 8,11 of 127, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines states pain shall be treated for as long as it persists. MTUS does not require stopping treatment if the employee still has pain. The medical records provided for review indicate the employee has knee pain, despite 2 surgeries, and Synvisc injections. The use of Norco appears appropriate as the employee still has pain, and the physician needs to assess the appropriateness of the current treatment plan and possibly tailor the dose or find another therapeutic modality that could be more effective. **The request for Norco 7.5 #30 is medically necessary and appropriate.**

4) Regarding the request for 1 MRI of the patellofemoral joint:
Section of the Medical Treatment Utilization Schedule 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 (acute and chronic), which is not part of Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, pg. 341, which is a part of MTUS, and The Official Disability Guidelines (ODG), Knee Chapter, for MRI, which is not a part of MTUS.

Rationale for the Decision:

The MTUS/ACOEM guidelines discuss knee imaging, but do not appear to apply to this case. They consider studies after a period of conservative care and observation. The records provided for review indicate the employee already had this, and underwent two surgeries, partial meniscectomy and chondroplasty. This is not a routine MRI, it is a repeat MRI, specifically tailored to evaluate patella tracking and ordered by the orthopedic surgeon. The ODG guidelines recommend repeat MRIs, for post-surgical need to assess cartilage repair tissue. **The request for 1 MRI of the patellofemoral joint 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

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.