

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: 11/20/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 5/29/2013
IMR Application Received: 7/31/2013
MAXIMUS Case Number: CM13-0005441

- 1) MAXIMUS Federal Services, Inc. has determined the request for **functional capacity evaluation, right knee is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **appeal 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 7/31/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 **functional capacity evaluation, right knee is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **appeal 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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

The patient was reportedly injured on 5/29/2013. The patient has been treated with analgesic and adjuvant medications, transfer of care to and from various providers in various specialties, a knee brace, and initial return to work. On 7/9/2013, the patient underwent a knee MRI which demonstrated minimal increased signal intensity in the posterior horn of the medial meniscus, consistent with degeneration. A tear was not definitively excluded. In a utilization review report dated 7/23/2013 the claims administrator denied the MRI, citing a paucity of supporting documentation. On 7/24/2013, the patient reported persistent stress, anxiety, and insomnia as well as knee pain. The patient was reportedly working and rated her pain at 7-8/10. Tenderness and painful range of motion were appreciated. It was suggested that the patient might have a meniscal tear. She was given topical compounds and a knee brace and asked to obtain a functional capacity evaluation (FCE).

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for functional capacity evaluation, 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 American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7, Independent Medical Examinations, and ODG Fitness for Duty, which are not part of the 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 ACOEM Practice Guidelines, 2nd Edition, (2004), Chapter 7, pages 137-138, which are not part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines indicate that functional capacity evaluations (FCEs) are widely used, overly used, and overly promoted. FCEs do not accurately project what a patient can or cannot do in the workplace and are highly effort dependent. The records submitted for review indicate the employee has already returned to work as a certified nursing assistant. It is unclear what purpose an FCE would serve in this context. **The request for functional capacity evaluation, right knee is not medically necessary and appropriate.**

2) Regarding the request for appeal MRI of 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 Knee Complaints Chapter (ACOEM Practice Guidelines, (2008), Chapter 13) pages 1021-1022, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), Table 13-5, which is part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines indicate that MRI imaging is scored a 4/4 in its ability to identify and define a suspected meniscal tear. The records submitted for review noted that a previous MRI was equivocal and did not definitively establish the meniscal tear. Given the employee's persistent complaints and limited range of motion, coupled with provider's stated suspicion of a meniscal tear, an MRI of the right knee is clinically indicated. **The request for appeal 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,

Paul Manchester, MD, MPH
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.