

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	3/15/2013
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006223

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 arthroscopic surgery is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **right knee arthrogram 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 Orthopedic 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.

Expert Reviewer Case Summary:

The patient is a 44-year-old female who reported an injury on 09/14/2011. She recovered from this injury and returned to work. Emergency room discharge report dated 03/15/2013 indicated that the patient slipped on some water and fell onto her right knee. Physical findings included no soft tissue swelling, range of motion within normal limits without crepitus, no appreciable ligament laxity, and pain exacerbated by movement. The patient underwent a series of x-rays of the right knee that revealed no abnormal findings. The clinical note dated 03/18/2013 indicated that the patient had bruising, swelling, and tenderness of the right knee. Physical findings included normal range of motion, normal strength, and normal sensation. Physical therapy was requested. Official physical therapy evaluation dated 03/25/2013 indicated that the patient had 1+ edema on her right knee and was very hypersensitive to any type of movement. It was indicated that any kind of objective functional testing was difficult due to the patient's pain levels. The clinical note dated 03/27/2013 indicated that the patient had mild swelling of the right knee with a positive valgus stress test and a positive McMurray's test both laterally and medially. Continued physical therapy was recommended. Primary treating physician's progress report dated 05/03/2013 stated that the patient has restricted range of motion described as extension -5 degrees and flexion 110 degrees with a positive McMurray's sign and medial joint line tenderness. MRI was requested. MRI of the right knee dated 05/10/2013 indicated that there was a grade II signal seen in the medial and lateral menisci. It was also noted that there was no cruciate tear present. The patient submitted to a urine drug screen on 06/22/2013 that revealed negative results for all medications. The clinical note dated 06/21/2013 revealed there were no changes in the patient's reported pain. It was noted that the patient was using a crutch to assist with ambulation. Physical findings included global pain to palpation, medial and lateral joint line tenderness, and a positive patella grind

test. Diagnostic right knee arthroscopic surgery was requested. Agreed Medical Center evaluation dated 07/01/2013 stated that the patient had continued pain that was described as constant and exacerbated by walking. Physical findings included slight swelling of the right lower extremity with range of motion from 0 degrees to 90 degrees, crepitation of the right knee, and painful grinding of the right knee, additional physical therapy was recommended.

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 right knee arthroscopic surgery:

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), Surgery, Diagnostic arthroscopy, which is a Medical Treatment Guideline (MTG) that is not part of the California 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 and Leg Chapter, Indications for Surgery – Diagnostic arthroscopy.

Rationale for the Decision:

Official Disability Guidelines recommend diagnostic arthroscopy when conservative treatments have failed to provide symptom relief, clinical findings include pain and functional limitations, and imaging studies are inconclusive. The clinical documentation submitted for review includes an MRI that clearly indicates there is a grade II signal in the medial and lateral menisci. As the imaging study provided is not inconclusive, further diagnostic testing would not be supported at this time. Also, physical findings documented during the 07/01/2013 examination indicate that the employee's pain is mainly retropatellar, and when distracted the employee has almost normal range of motion. Additionally, evidence that lesser conservative treatments have failed to provide relief for this employee was not provided. **The request for right knee arthroscopic surgery is not medically necessary and appropriate.**

2) Regarding the request for right knee arthrogram:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

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 Official Disability Guidelines (ODG), Knee and Leg Chapter, MR arthrography.

Rationale for the Decision:

Official Disability Guidelines recommend MR arthrography as a postoperative option to help diagnose residual or recurrent tears. The clinical documentation does not indicate that the employee is a postoperative patient. The clinical documentation submitted for review includes an MRI that clearly indicates there is a grade II signal in the medial and lateral menisci. There has been no change in symptoms to support any additional imaging. The guideline criteria have not been met. **The request for right knee arthrogram 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,

Paul Manchester, MD, MPH
Medical Director

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

/ldh

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.