

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested right knee medial and lateral meniscus repair **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on April 10, 2013 disputing the Utilization Review Denial dated April 9, 2013. A Notice of Assignment and Request for Information was provided to the above parties on May 8, 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 right knee medial and lateral meniscus repairs requested is not medically necessary and appropriate.

Medical Qualifications of the Professional 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 professional 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 April 9, 2013

“This is a male claimant who was injured January 8, 2013, when he stepped backwards out of an ambulance and the knee gave out. The claimant reported swelling, but continued to work. An MRI of the knee February 5, 2013, noted a small joint effusion and compared to a prior June 30, 2011, MRI the medial and lateral meniscus tears had not changed significantly.

On March 5, 2013, Dr. [REDACTED] noted the claimant having a significant repeat injury. There were no significant physical examination findings documented nor were subjective complaints noted. On April 2, 2013, in follow up, Dr. [REDACTED] indicated continued knee swelling with knee now locked from the injury three months previously. At this time it was felt with the significant internal derangement and the locked knee meniscectomy 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 for Independent Medical Review (received 4/10/13)
- Utilization Review Determination from [REDACTED] (dated 4/9/13)
- Peer Review Report from [REDACTED] (dated 4/5/13)
- Medical Records from [REDACTED] (dated 1/8/13 – 3/11/13)
- Medical Records from [REDACTED] (dated 3/15/13 – 4/2/13)
- MRI of Right Knee from [REDACTED] (dated 2/6/13 and 6/30/2011)
- Official Disability Guidelines (ODG) (2009), Knee and Leg Chapter, Meniscectomy Section

1) Regarding the Request for right knee medial and lateral meniscus repairs:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Knee and Leg Chapter, Meniscectomy Section, which is not part of the California Medical Treatment Utilization Schedule (MTUS), as what was in the MTUS was not applicable to this case. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the ODG used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision

The employee injured the right knee on January 8, 2013 while at work. Medical records provided and reviewed include a February 5, 2013 right knee MRI showing a small joint effusion but with no significant change from a previous June 20, 2011 MRI. The MTUS guidelines are not applicable to this situation; therefore, the Meniscectomy Section of the ODG was referenced. The medical records provided and reviewed do not demonstrate a true locked meniscus with subjective or objective clinical findings which meet the criteria to warrant a medial/lateral partial meniscectomy. The request for right knee medial and lateral meniscus repair **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

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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.