

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of left knee requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/12/2013 disputing the Utilization Review Denial dated 4/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/24/2013. 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 magnetic resonance imaging (MRI) of left knee 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 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. 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 3, 2013.

“This is a 52-year-old female with a 1/18/2013 date of injury; who sustained injury to the left knee while walking into a patients room, between A and B bed, and tripped on a cord and fell, landing on her left knee. The 3/19/13 progress report indicates persistent left knee pain. Physical exam demonstrates left knee medial joint line tenderness. Treatment to date has included physical therapy, bracing, medications, and modified duty. The request is for MRI of the left knee.”

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
- Utilization Review Determination by [REDACTED] (dated 4/3/13)
- Employee’s Medical Records by [REDACTED] (dated 1/15/13 through 4/29/13)
- California Medical Treatment Utilization Schedule (MTUS) – Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13)

- 1) **Regarding the request for magnetic resonance imaging (MRI) of left knee:**

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) (2009) – Knee and Leg Chapter, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

Note that the employee's medical records received and reviewed were conflicting. Early progress reports describe the employee as female while later reports describe the employee as male. This review was performed under the assumption that this inconsistency was a typographical error and that all reports were in reference to the same employee.

The employee fell in 1/8/2013 and injured the left knee, wrist and neck. The employee experienced the most pain in the left knee. Initial progress reports dated 1/15/2013 and 1/18/2013 show fairly severe and constant left knee pain (rated 8 to 10 out of 10), abnormal gait, positive McMurray test, decreased knee range of motion, and lateral joint line tenderness. The employee underwent 9 physical therapy sessions from 1/24/2013 to 3/13/2013 and showed improvement each week. On 1/23/2013, the pain was 50% better and the employee was able to bear weight with use of a knee brace. By 1/31/2013, the pain was down to 4 out of 10 and was now intermittent, although there was still aggravation when climbing stairs. The 2/19/2013 report described the knee pain as dull and the employee's gait was normal. Also, the employee's lateral joint line was no longer tender; the medial joint line was noted as being tender. A second McMurrays test was negative. The 3/5/2013 report noted left quadriceps atrophy and recommended a referral to a physical medicine and rehabilitation specialist. By 3/19/2013, there was no longer any atrophy of the left quad and the patient was working full duty. The employee still indicated knee pain raged 2 out of 10 and an MRI of left knee was requested.

ACOEM chapter 13 – Knee Complaints, of the MTUS, provides a list of indications to determine medical necessity for an MRI. The employee's condition did not meet the indications for an MRI. ACOEM states most knee problems improve quickly once red flags are ruled out. The employee's medical records showed improvement with time. The employee's pain went from constant, shock-like, 8 to 10 out of 10; down to intermittent, dull, and 2 out of 10. The employee's gait improved to normal, McMurrays test went from positive to negative, and the employee returned to full duty work. There are no longer any positive physical exam findings. The employee had physical therapy and showed progress. There do not appear to be any mechanical knee symptoms or findings. The requested left knee MRI 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.