

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 requested left knee arthroscopy with meniscectomy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/24/2013 disputing the Utilization Review Denial dated 4/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/23/2013. 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 requested left knee arthroscopy with meniscectomy **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 17, 2013.

“DECISION/CLINICAL RATIONALE AS STATED IN THE PEER REVIEWER'S REPORT: (per peer reviewer's report) REQUEST: Left knee arthroscopy with meniscectomy SUMMARY OF TREATMENT/CASE HISTORY:

“The patient is a 39-year-old male who injured his left knee due to climbing up and down stairs on 02/07/13. Diagnosis is medial meniscal tear. The doctor's first report documents a patient who has pain and a positive MRI for medial meniscal tear. The patient's conservative treatment is not documented. The orthopedic consultation from Dr. [REDACTED] from 04/10/13 also documents pain and mechanical symptomatology without conservative treatment. The patient has requested surgery and the doctor has recommended it. EXPLANATION OF FINDINGS: In my judgment, the clinical information provided does not establish the medical necessity of this request. The ACOEM Guidelines, section on Knee Disorders, does not discuss the indications for meniscectomy surgery. The California MTUS does not discuss surgery. Therefore, the Official Disability Guidelines were referenced. According to the Official Disability Guidelines regarding meniscectomy, "Criteria for meniscectomy or meniscus repair (suggest two symptoms and two signs to avoid scopes with lower yields, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive): Conservative care: (not required for locked/blocked knee) with physical therapy or medication or activity modification. Plus subjective clinical findings of at least two including joint pain or swelling or feeling of give way or locking, clicking or popping, plus objective clinical findings of at least two including positive McMurray's sign or joint line tenderness or effusion or limited range of motion or locking, clicking or popping or crepitus. Plus imaging clinical findings (not required for locked/blocked knee) of a meniscal tear on MRI." In this case, the patient

has had essentially no treatment and has only a small meniscal tear, the symptoms of which may completely resolve with appropriate physical therapy and home exercise. The request for surgery is therefore premature as no conservative treatment has been provided. Based on the evidence based guidelines and medical evidence provided, this request has been determined to not be supported for medical necessity.”

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 Letter by [REDACTED] (dated 4/17/13)
- Pre-Authorization Review Letter by [REDACTED] (dated 4/16/13)
- Employee’s Medical Records by [REDACTED] (dated 3/22/13 through 4/30/13)
- Official Disability Guidelines (ODG) – Knee Chapter: Meniscectomy Section

1) Regarding the request for left knee arthroscopy with meniscectomy:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Knee Chapter: Meniscectomy Section, which is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13 – Knee Complaints: Surgical Considerations Section, which is part of the MTUS.

Rationale for the Decision:

The employee was injured while climbing stairs on 02/07/2013 and was diagnosed with a left medial meniscal tear. The ACOEM Guidelines note that prior to proceeding with surgical intervention, there should be documentation that an exercise program failed to increase range of motion and strength of the musculature around the knee. In addition, symptoms other than pain should be noted prior to requesting and proceeding with surgical intervention. Such symptoms include locking, popping, giving way, recurrent effusion, and clear signs of a bucket handle tear on examination.

There is a lack of documentation suggesting that conservative treatment in the form of physical therapy/exercises failed to decrease symptoms or that the employee is intolerant to such treatment. The requested left knee arthroscopy with meniscectomy 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

/dj

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.