

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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**Notice of Independent Medical Review Determination.
Case Number CM13-000013**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 2/9/2013 disputing the Utilization Review Denial dated 02/01/2013. A Notice of Assignment and Request for Information was provided to the above parties on 04/09/2013. A decision has been made for each of the treatment and/or services that were in dispute:

MAXIMUS Federal Services, Inc. has determined the MRI of the left knee requested is **not medically necessary**.

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 Radiology, 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 02/01/2013

“This 42 year-old male sustained an injury on 1/28/13 when he stepped in and out of a truck. The diagnosis was sprain of an unspecified site of knee/leg. A peer review report, dated 2/1/13, indicated that the patient had been evaluated on 1/28/13. He reported clicking and popping. The examination revealed full weight bearing and tenderness on the left medial joint line. Range of motion (ROM) was full and McMurry’s test was negative. It was reported that he took Ibuprofen over the counter for the course of the weekend, and it helped “somewhat”. A doctor’s note, dated 2/14/13, indicated that the patient had not improved significantly. The left knee popped and clicked during activities of daily living (ADL). There was tenderness on the left medial joint line, left lateral joint line, and left patella. There was no joint effusion, all tests were negative, and there was full strength against resistance. The previous peer review on 2/1/13 non-certified the above request for a left MRI.”

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 (dated 02/09/2013)
- Utilization Review Decision dated provided by [REDACTED] dated 02/21/2013
- Medical Records from [REDACTED] (from 1/28/13 through 3/27/13)

- American College of Occupational and Environmental Medicine guidelines (ACOEM), Second Edition (2004), Chapter 13, pages 348-350

Regarding the request for MRI of the 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 American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition 2004, Chapter 13, pages 348-350. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The patient had a left knee injury on 01/28/2013 and subsequently had six sessions of physical therapy and at the last visit on 03/11/2013 he stated that he had not had knee pain for the past one month. Orthopedic evaluation by [REDACTED] on 03/13/2013 described improvement and no further treatments were ordered.

Because of the progress with physical therapy, and orthopedic evaluation by [REDACTED] confirming clinical improvement, no further treatment was advised. The requested service of MRI to the left knee **is not medically necessary or 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: Division of Industrial Relations
Department of Workers Compensation
1515 Clay Street, 18th Floor
Oakland, California 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.