

**MAXIMUS FEDERAL SERVICES, INC.**  
Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009



**Notice of Independent Medical Review Determination.  
Case Number CM13-000049**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 03/07/2013 disputing the Utilization Review Denial dated 03/01/2013. A Notice of Assignment and Request for Information was provided to the above parties on 04/08/2013. 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 right knee requested is **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 March 1, 2013

“A referral form indicates an individual who sustained an injury on 2.6.13. A 2/7/13 report of [REDACTED] is internally inconsistent, indicating an injury date in the header of 2/6/13, but then providing a history that at 3:30 PM today (2n/13) this individual had the insidious onset of pain in the right knee. There is no indication whether or not this individual was at work when he began to have the symptoms and no indication of how the symptoms may have been related to a specific injury. 1/1 is indicates a diagnosis of right knee pain for six physical therapy sessions. A 2/14/13 note of [REDACTED] is again internally inconsistent stating first that this individual date of injury is 2/6/13, but then indicating “actually, symptoms began over one years” There is no indication as to how the symptoms began one year ago or any indication relating the symptoms to this individual’s work activities. This indicates he has had one physical therapy session without improvement. This indicates a plan to order an MRI and start working the patient up before doing therapy”

**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 03/07/2013)
- Utilization Review Determination dated 03/02/2013 [REDACTED]
- [REDACTED]
- Medical Records provided by the provider from 02/07/2013 to 04/01/2013

**Regarding the request for MRI to the right 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, Current Version, knee disorders page 449. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator were not relevant and appropriate for the employee's clinical circumstance. The employee's clinical condition was described as pain in joint in the lower leg; however, based on the findings of the submitted and reviewed medical records, the employee's clinical condition is more appropriately described as insidious onset internal derangement of the knee and is status-post previous knee surgery. The ACOEM guidelines, Current Version, knee disorders, page 449 is not applicable to the employee's condition, as they reference routine acute, sub acute, and chronic pain; therefore the Professional Reviewer used American College of Radiology (ACR) Appropriateness Criteria knee pain, revised 2010 in making his/her decision.

**Rationale for the Decision:**

The patient has had prior knee surgery in 2000. The reviewer agrees that there is no description of a precipitating injury in 2013. The attending physician indicated an injury occurred 02/06/2013 but in other records the onset of pain has been described as insidious. The patient had 6 physical therapy visits without improvement and notes of the physical therapist describe no improvement and hope for approval of MRI for deeper analysis.

The American College of Occupational and Environmental Medicine guidelines (ACOEM), 2004, knee disorders, page 343, 347 recommend MRI for anterior cruciate tears only, but do not address other internal derangement issues of the knee. The reviewer included that the American College of Radiology (ACR) guidelines indicate chronic knee pain lasting more than six weeks and not improving with conservative management are indications for MRI evaluation of the knee. While the pain is insidious in onset the patient has not improved with conservative management and MRI provides the next step in the investigation of potential causes. The insidious and chronic nature

of the pain is indication for further evaluation for possible internal derangement by MRI as illustrated in the ACR Appropriateness criteria chronic knee pain, revised 2010. Therefore the requested treatment, MRI of the right knee, **is 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  
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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