
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 6/19/2012
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0010906

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 42-year-old female who was injured on June 19, 2012 sustaining injury to the right knee.

A recent June 18, 2013 assessment indicated the claimant was pending need for a right knee arthroscopic procedure. Physical examination findings to the right knee demonstrated positive McMurray's sign, tenderness about the medial and lateral joint line and medial compartment with a +1 effusion and patellofemoral tenderness with motion and crepitation. Reviewed was a prior MRI scan of the right knee from July 2, 2012 that showed osteochondral defect noted to the medial femoral condyle with a knee joint effusion and meniscal degeneration medially. The claimant is noted to have failed a course of conservative care to the right knee and continues to be symptomatic. Surgical intervention in the form of meniscectomy versus repair and possible debridement or chondroplasty of the right knee was recommended by treating physician. This request was denied by utilization review process dated July 22, 2013 due to the claimant's underlying degenerative changes to the medial compartment with degenerative tearing to the meniscus not being supported by Guideline criteria for the role of surgical process. It also indicates the claimant is undergoing postoperative rehabilitation for an early January 2013 left hip replacement procedure that was noted to be potentially impacting the claimant's right knee. Thus, the need for medical clearance and assistant surgeon and twelve postoperative therapy sessions also were not supported.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. One right knee diagnostic/operative arthroscopy meniscectomy vs. repair possible debridement and/or chondroplasty is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM, Chapter 13, Knee Complaints, pg. 323-344, which is part of the MTUS and the Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) Chapter, Diagnostic arthroscopy and meniscectomy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pg. 344-345, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California ACOEM Guidelines, the role of diagnostic arthroscopy and meniscal procedure would not be indicated in this case. The medical records reviewed indicate the employee has significant arthrosis to the medial compartment with degenerative meniscal tearing. The guidelines clearly indicate that surgical outcome is not equally beneficial for patient's exhibiting signs of degenerative change. In this case, given the employee's timeframe from injury and imaging findings, acute need of meniscal procedure would not be indicated.

The request for one right knee diagnostic/operative arthroscopy meniscectomy vs. repair possible debridement and/or chondroplasty is not medically necessary and appropriate.

2. 1 medical clearance is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3. Error! Reference source not found.is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4. 12 post operative physical therapy sessions is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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.



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