

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/5/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/9/2013
Date of Injury: 9/12/2000
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0010932

- 1) MAXIMUS Federal Services, Inc. has determined the request for **medical clearance is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Deep vein thrombosis (DVT) prophylaxis and antibiotics is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **assitant surgeon is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/27/2013. 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 request for **medical clearance is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Deep vein thrombosis (DVT) prophylaxis and antibiotics is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **assitant surgeon 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 Internal Medicine , has a subspecialty in Rheumatology 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.

Expert Reviewer Case Summary:

This is a 50 year old individual with date of injury 9/12/2000. Mechanism of injury is not stated in the available medical records. An MRI of the left knee showed grade 2 chondromalacia and a medial meniscal tear. Provider notes reviewed from 09/12-09/13 state the patient has complained of chronic left knee pain. No surgical procedures on the left knee have been reported to this reviewer. Objective: decreased range of motion of the left knee, positive McMurray's sign of the left knee, tenderness along the medial joint line left knee. Diagnoses: osteoarthritis of the left knee, medial meniscal tear of the left knee. Treatment plan: left knee diagnostic/operative meniscectomy vs. repair with possible debridement and/or chondroplasty.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for medical clearance:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Emedicine Medscape review article by Sharma et al, Pre-Operative Testing.

Rationale for the Decision:

The treating physician has provided no specific indications for pre-operative medical clearance as cited in the reference above. The employee has no major medical conditions documented in the available medical records to warrant pre-operative clearance. Pre-operative testing is indicated for certain individuals based on specific risk factors. The employee may need no tests, more tests, or minimal testing, all contingent upon a careful evaluation of current medical status. The treating physician has not identified any risk factors or major medical conditions. **The request for medical clearance is not medically necessary and appropriate.**

2) Regarding the request for Deep vein thrombosis (DVT) prophylaxis and antibiotics:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of the Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Expert Reviewer based his/her decision on the American Association of Orthopedic Surgery (AAOS), Now, Aug 2011.

Rationale for the Decision:

Deep vein thrombosis (DVT) prophylaxis is not necessary for a 50 year old individual with no major risk factors for a venous thromboembolism. These risk factors include age greater than 65, body mass index greater than 30, smoking, hormone use, chronic insufficiency, prior venous thromboembolism and history of malignancy. Given that the treating physician has not identified any risk factors or major medical conditions, no DVT prophylaxis is certified. Per AAOS guidelines (above), antibiotics are not required post operatively for a routine clean case. Pre-operative antibiotics, one dose intravenously, is acceptable. **The request for Deep vein thrombosis (DVT) prophylaxis and antibiotics is not medically necessary and appropriate.**

3) Regarding the request for assitant surgeon:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics, Role of the First Assistant, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of the Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Expert Reviewer based his/her decision on the American Association of Orthopedic Surgery (AAOS), American College of Surgery.

Rationale for the Decision:

Per the American College of Surgery, a first assistant in surgery provides aid in exposure, hemostatsis and other technical functions which help the surgeon execute a safe operation with optimal results for the patient. Per the AAOS, a knee arthroscopy does not require a first assistant in order to successfully execute the procedure. **The request for assitant surgeon 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,

Paul Manchester, MD, MPH
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.