MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **12/13/2013**

Employee:	
Claim Number:	
Date of UR Decision:	8/6/2013
Date of Injury:	8/29/2007
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011095

1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the left knee without contrast 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 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **MRI of the left knee without contrast** 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.

Expert Reviewer Case Summary:
The patient sustained an occupational injury on 08/29/2007. The injury occurred secondary to lifting and resulted in a left knee medial partial meniscectomy in 10/2010. The patient's treatment history has also included medications, activity modification, TENS unit, acupuncture and Synvisc injections. On 08/21/2013, the patient presented for physical exam with complaints of persistent left knee pain and discomfort with some associated swelling. Physical exam revealed mild edema, palpation producing joint line tenderness both on the medial and lateral sides, crepitus and mild atrophy at the quadriceps musculature. The patient's range of motion was 0 degrees extension and 130 degrees flexion, ligamentous laxity remained absent, McMurray's test was negative, and patient had 5/5 extension, flexion and strength.

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:

1) **Regarding the request for MRI of the left knee without contrast:**

   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 Official Disability Guidelines (ODG), Chapter-Knee and Leg, which is not part of MTUS.

   The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pages 341-343,

which is part of MTUS and the Official Disability Guidelines (ODG), Knee and Leg Chapter, MRIs, which is not part of MTUS.

Rationale for the Decision:
The ACOEM Practice Guidelines provide criteria concerning the use of an MRI, however, there are no specific guideline criteria in regards to a repeat MRI. Therefore, the Official Disability Guidelines indicate that a repeat MRI is recommended if needed to assess knee cartilage repair tissue. An MRI is considered unnecessary if x-rays alone could establish the diagnosis, patellofemoral pain with a normal ligamentous and meniscal exam, the knee pain resolved before seeing orthopedic surgeon or the MRI findings have no effect on treatment outcome. According to the medical record dated 08/21/2013 while the employee did have ongoing complaints of discomfort with weight-bearing and some mild edema of the knee, the physical exam revealed that the ligamentous laxity remained absent. In addition, the medical records provide for review show a diagnosis of patellofemoral syndrome. The coverage criteria state that patellofemoral pain with a normal ligamentous and meniscal exam is not considered criteria for a repeat MRI. There is a lack of evidence found in the medical records provided that the MRI findings would have any effect on the treatment outcome**. The request for the MRI of the left knee without contrast** 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.