

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 08/07/2013
Date of Injury: 06/01/2011
IMR Application Received: 08/16/2013
MAXIMUS Case Number: CM13-0011725

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, has a subspecialty in reconstructive surgery and is licensed to practice in Illinois, Texas, and West Virginia. 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 patient is a 50-year-old who reported an injury on 06/01/2011. The patient is currently diagnosed with patellofemoral instability of the right knee. The patient was most recently seen by Dr. [REDACTED] on 07/18/2013. Physical examination was not provided at that time. Treatment plan included operative arthroscopy of the right knee with patellar stabilization. Previous MRI dated 06/05/2013 indicated medial meniscus grade II changes, meniscal degeneration without tearing, and postoperative changes with mild chronic sprain of the medial collateral ligament. The latest physical examination was documented on 05/16/2013 by Dr. [REDACTED]. There was documentation of symmetrical range of motion, positive McMurray's, Steinmann's, and Apley's testing on the right, moderate intra-articular effusion, and tenderness to palpation.

IMR DECISION(S) AND RATIONALE(S)

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

1. Right knee arthroscopy with subcutaneous lateral release and medial capsular repair is not medically necessary and appropriate.

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), pages 343 – 345, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), pages 343 – 345, which is part of the MTUS, as well as the Official Disability Guidelines, Knee Chapter, Online Edition, which is not part of the MTUS.

The Physician Reviewer's decision rationale: According to the Knee Complaints Chapter of the ACOEM Practice Guidelines, referral for surgical consultation may be indicated in patients who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Although arthroscopic patellar shaving has been performed frequently, long-term improvement has not been provided and its efficacy is questionable. Severe patellar degeneration presents a problem not easily treated by surgery. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella, but surgical realignment of the extensor mechanism may be indicated in some patients. As per the clinical notes submitted, the patient has a past history of right knee surgery. The most recent evaluation on 05/16/2013 indicated symmetrical range of motion, tenderness to palpation, and positive Apley's, McMurray's, and Steinmann's testing. There was no crepitus noted and there was no documentation of a trial with patellar taping or patellar stabilization bracing. Documentation of an anatomic reason such as malalignment or dislocation has not been provided. **The request for right knee arthroscopy with subcutaneous lateral release and medial capsular repair is not medically necessary and appropriate.**

/dat

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.

[REDACTED]
[REDACTED]
[REDACTED]

CM13-0011725