

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/31/2013  
Date of Injury: 7/2/2010  
IMR Application Received: 8/15/2013  
MAXIMUS Case Number: CM13-0011857

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:

This claimant is a 42-year-old injured in a work-related accident July 2, 2010, resulting in bilateral knee injuries. Specific to the right knee, the records for review include a July 9, 2013 assessment with [REDACTED] M.D., orthopedic surgeon, who indicated bilateral knee complaints. It states at that time that a container fell and struck the claimant on the knees on the date of injury in question. He described a previous left knee arthroscopy with no right knee procedures noted. He states she is currently with continued bilateral complaints stating she has been treated with formal physical therapy, pain management, corticosteroid injections, and viscosupplementation. The right knee physical examination was noted to show 0 to 90 degrees range of motion with crepitation of +2 joint effusion and soft compartments. Radiographs of the bilateral knees demonstrated osteophyte formation tri-compartmentally. He described her diagnosis as "endstage bilateral knee arthritis." It states that she had failed conservative care as stated above as well as ambulatory devices. Surgical intervention in the form of a right knee arthroplasty with a three day inpatient length of stay, home care physical therapy, home nursing visits, a wheeled walker, TED hose, 14 day use of continuous passive motion (CPM), and 21 day use of a cryotherapy device with preoperative medical clearance was recommended.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Right total knee arthroplasty is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 13, page 345, which is part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), Knee and Leg procedure, which is not part of the MTUS.

The Physician 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 Official Disability Guidelines (ODG), Knee Replacement, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, total joint arthroplasty would not be supported. Joint arthroplasty is not recommended for individuals with body mass indexes greater than 35 or age of less than 50 years. The records in this case indicate the employee carries the diagnosis of obesity. The role of operative arthroplasty in this individual would not be supported based on clinical parameters that have not yet been met. **The request for right total knee arthroplasty is not medically necessary and appropriate.**

**2. 3 day inpatient hospital stay is not medically necessary and appropriate.**

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

**3. In-home physical therapy 3 times a week for 2 weeks is not medically necessary and appropriate.**

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

**4. In-home RN visits for wound care and dry dressing changes 2 times a week for 2 weeks is not medically necessary and appropriate.**

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

**5. Front wheel walker is not medically necessary and appropriate.**

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

**6. 2 pairs of TED hose stockings is not medically necessary and appropriate.**

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

**7. CPM machine times 14 day rental is not medically necessary and appropriate.**

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

**8. Pre-operative medical clearance 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.

[REDACTED]  
[REDACTED]  
[REDACTED]

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