MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/12/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/8/2013
Date of Injury:	1/12/2013
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011979

1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of right knee is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **MRI of left knee is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **MRI of left shoulder is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/30/2013. 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 right knee is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **MRI of left knee is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **MRI of left shoulder 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 Surgeon 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 52 year old female special education aide who reported the development of back and leg pain on 01/12/2012 after lifting heavy boxes and a child. Diagnoses included discogenic lumbar condition with radiculitis and negative nerve studies, discogenic cervical condition with radiculitis with MRI abnormalities but negative nerve studies, patellofemoral inflammation bilaterally, impingement syndrome on the right shoulder along with depression. The claimant was noted to have a past history of diabetes and was noted to be a smoker. The claimant was treated conservatively with medications, work restrictions, hot/cold and bilateral knee braces. A 08/14/13 physician record noted the claimant with persistent pain despite conservative treatment. The claimant reported muscle stiffness, tightness, and spasms. Difficulty sleeping was also reported. Examination findings revealed the claimant was quite stiff and with very guarded movement. The claimant had difficulty standing from a seated position. Treatment recommendations included MRI of both knees for evaluation of instability and ligamentous injury and MRI left shoulder. Additional recommendations included use of a TENS unit and bilateral knee braces along with aquatic therapy. Continued use of medications was recommended. The request for MRI bilateral knees and left shoulder was perviously denied on a 08/08/13 peer review as there have been no therapies for either painful knee and there have been no left shoulder therapies or x-ray.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - ☒Claims Administrator
  - ☒Employee/Employee Representative
  - ☐Provider

1) **Regarding the request for MRI of right knee:**

   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 Work Loss Data Institute, ODG Treatment in Workers Compensation, 10th Edition, Treatment Index, Knee and Leg, which is not part of the MTUS.
   .
   The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) page 341, which is part of the MTUS.

   Rationale for the Decision:
   The MTUS Guidelines with respect to imaging states, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." According to the medical records provided for review, the examination of the knees reflected a slightly antalgic gait, difficulty in transitioning from seated position to standing, stiffness, and guarding. There was not any documentation of a specific trauma, and the examination findings were not consistent with possible internal derangement. **The request for MRI of the right knee is not medically necessary and appropriate.**

2) **Regarding the request for MRI of left knee:**

   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 Work Loss Data Institute, ODG Treatment in Workers Compensation, 10th Edition, Treatment Index, Knee and Leg, which is not part of the MTUS.

   The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) page 341, which is part of the MTUS.

Rationale for the Decision:
The MTUS Guidelines with respect to imaging states, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." According to the medical records provided for review, the examination of the knees reflected a slightly antalgic gait, difficulty in transitioning from seated position to standing, stiffness, and guarding. There was not any documentation of a specific trauma, and the examination findings were not consistent with possible internal derangement. **The request for MRI of the left knee is not medically necessary and appropriate.**

3) **Regarding the request for MRI of left shoulder:**

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 ACOEM 2004 CA MTUS X-Rays, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pages 196, 208, and 214, which is part of the MTUS.

Rationale for the Decision:
The MTUS Guidelines state, "Primary criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, and failure to progress in a strengthening program intended to avoid surgery". The medical records provided for review failed to indicate any evidence of a red flag indicator for imaging examination reflecting possible internal derangement of the shoulder. The submitted documentation offered no evidence that plain films had been done. There was also no documentation of a failure to progress with an adequate course of conservative care. **The request for MRI of the left shoulder 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

/MCC

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.