
Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 12/12/1960
IMR Application Received: 8/13/2013
MAXIMUS Case Number: CM13-0013068

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one repeat arthroscopy** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one assistant surgeon** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **12 post-operative sessions of physical therapy** is not medically necessary and appropriate.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Keflex 500mg #four (4)** is not medically necessary and appropriate.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Zofran 4mg #10** is not medically necessary and appropriate.
- 6) MAXIMUS Federal Services, Inc. has determined the request for **one Colace 100mg #10** is not medically necessary and appropriate.
- 7) MAXIMUS Federal Services, Inc. has determined the request for **one prescription of Vicodin #30** is not medically necessary and appropriate.
- 8) MAXIMUS Federal Services, Inc. has determined the request for **one prescription of Vitamin C 500mg** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **one repeat arthroscopy is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one assistant surgeon is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **12 post-operative sessions of physical therapy is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Keflex 500mg #four (4) is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Zofran 4mg #10 is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **one Colace 100mg #10 is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **one prescription of Vicodin #30 is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **one prescription of Vitamin C 500mg 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:

This is a 52-year-old male who was status post 08/17/10 left knee diagnostic arthroscopy, partial medial meniscectomy, removal of approximately 15 percent and partial lateral meniscectomy with removal of approximately 10 to 15 percent, excision of suprapatellar plica by Dr. [REDACTED] and 05/06/11 left knee arthroscopy and debridement

of the medial meniscus tear by Dr. [REDACTED]. The claimant underwent physical therapy postoperatively.

The 10/27/11 MR arthrography of the left knee showed partial meniscectomy bilaterally, mild arthropathy suggested at the medial joint space and probable tear of the posterior horn of the medial meniscus. On 12/11/12, Dr. [REDACTED] examined the claimant for complaints of left knee pain, worse with weight bearing and locking. Examination revealed left knee range of motion 140 of flexion and 180 of extension, medial joint line tenderness and pain with McMurray. Diagnosis was chronic left knee pain status post surgery. Recommendations were for Celebrex, Ultram and home exercise program. On 03/12/13, 05/14/13 and 06/11/13 Dr. [REDACTED] saw the claimant for persistent left knee pain and swelling. The claimant had slight pain with McMurray and medial joint line tenderness. Diagnosis was chronic left knee pain status post two surgeries. Medications were recommended.

On 07/05/13 Dr. [REDACTED] examined the claimant for left knee pain and limitations. The claimant was taking Ibuprofen. Examination revealed left knee 0 to 140 range of motion, minimal patellofemoral crepitation, medial joint line and mild lateral joint line and positive McMurray. X-rays of the left knee showed mild arthritic changes and MRI from 2011 showed previous meniscectomy with arthritis and probable tear of the medial meniscus. Diagnosis was recurrent medial meniscus tear and mild arthritis. An MRI was recommended.

The 07/14/13 left knee x-rays showed a 3 millimeters soft tissue calcification or ossification along the medial patellofemoral recess which may be due to loose body versus calcification of the medial retinaculum. The 07/22/13 MRI of the left knee showed small anterior and retropatellar left knee joint effusion since prior 12/2011 study. There was mild thinning of the retropatellar cartilage with focal bony subcentimeter cystic changes in the proximal left tibia and partial truncation of the posterior horns of both menisci that more likely representing postsurgical or meniscectomy changes, and less likely meniscal tears similar in MRA appearance to prior exam for which correlation with surgical procedure was recommended. There were degenerative changes of the left knee with probable prominent varicosities in the subcutaneous regions posterior to the knee and without significant change in the overall MR appearance allowing for the patient's rotation and positioning.

The 08/08/13 peer review denied the arthroscopy for the left knee due to imaging showing pain was more likely representing post surgical or meniscectomy changes and less likely meniscal tears and that arthroscopy and meniscus surgery not likely beneficial for older patients with degenerative changes. There was no documentation of physical therapy.

On 08/25/13, Dr. [REDACTED] stated Dr. [REDACTED] planned to appeal the denial for surgery. Claimant has catching and popping. The plan was for repeat arthroscopy.

On 08/27/13, Dr. [REDACTED] exam documented mild swelling, joint line tenderness with prepatellar tenderness and pain with McMurray.

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 one repeat arthroscopy :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 13, Knee Complaints, pgs. 343-344, which is part of the MTUS and the Official Disability Guidelines, Knee & Leg (Acute & Chronic), Diagnostic arthroscopy and Meniscectomy sections, 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), pgs. 344-345, which is a part of MTUS.

Rationale for the Decision:

MTUS-ACOEM Guidelines address arthroscopic surgery when there is clear evidence of a meniscus tear confirmed by MRI. However, in this case, the findings appear more degenerative. The guidelines indicate that arthroscopy is not noted to be equally beneficial for patients exhibiting degenerative change. After a review of the submitted medical records it is unclear if any injection therapies have been undertaken for the degeneration and unclear exactly what medication therapies have been undertaken. The most recent MRI in this case revealed some modest degenerative change and revealed post meniscectomy changes. Although some mild swelling and joint line tenderness are noted, these are not necessarily surprising in a knee with some degenerative changes. However, these physical findings in and of themselves would not be indication for arthroscopic surgery. **The request for one repeat arthroscopy is not medically necessary and appropriate.**

2) Regarding the request for one assistant surgeon :

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

3) Regarding the request for 12 post-operative sessions of physical therapy :

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

4) Regarding the request for Keflex 500mg #four (4) :

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

5) Regarding the request for Zofran 4mg #10 :

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

6) Regarding the request for one Colace 100mg #10 :

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

7) Regarding the request for one prescription of Vicodin #30 :

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

8) Regarding the request for one prescription of Vitamin C 500mg :

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

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

/hs

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.