
Notice of Independent Medical Review Determination

Dated: 9/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/19/2013
Date of Injury:	10/8/1998
IMR Application Received:	8/27/2013
MAXIMUS Case Number:	CM13-0013487

- 1) MAXIMUS Federal Services, Inc. has determined the request for an urgent total right knee revision with two stage debridement, and ABT spaces **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 an urgent total right knee revision with two stage debridement, and ABT spaces **is 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated August 13, 2013

“Nurse Clinical summary; Date of injury; 10/09/98 Diagnosis: 99G.77, 996.43 HX: Patient had right knee replacement in 2008, Patient has had an infection recently and has been treated with ABT. However, the infection required additional 6 weeks of ABTs. The right knee exam showed a warmth and tenderness. There was 12cc aspirated from the right knee dark brown turbid fluid that was sent for culture and cell count. Findings showed a high inflammatory reaction consistent with infection.”

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 for Independent Medical Review (received 8/23/13)
- Utilization Review from [REDACTED] (dated 8/13/13)
- Medical records from the employee's attorney and the claims administrator (dated 9/25/12 - 8/8/13)
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for an urgent total right knee revision with two stage debridement, and ABT spaces :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (Online Edition), Knee and Leg Chapter, Knee Joint replacement section, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS specifically addressed the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 10/09/98 the employee sustained a work-related injury. A review of the medical records submitted indicates treatment has included a right knee replacement in 2008 and an extended hospital stay in May/June 2013 for treatment of an infection. Blood cultures dated 5/16/13 were positive for staphylococcus aureus. A medical report dated 8/6/13 indicates the employee was started on antibiotics but was still experiencing swelling, pain, and increased warmth in the right knee and was feeling generally unwell. An urgent request was submitted for a total right knee revision with two stage debridement, and ABT spaces.

Official Disability Guidelines support revision of total knee arthroplasty as an effective procedure for failed knee arthroplasty. The medical records submitted and reviewed indicate the employee has an infection in the right knee, even after continuation of antibiotic therapy, and the total knee components have not been removed. Given the preponderance of evidence indicating the presence of a total knee infection, a total knee revision is necessary to prevent further catastrophic events. The urgent request for a total right knee revision with two stage debridement and ABT spaces is 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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.