

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]

Dated: Select Date

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 6/18/2009
IMR Application Received: 8/19/2013
MAXIMUS Case Number: CM13-0013715

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 Orthopaedic Surgery, has a subspecialty in Shoulder and Elbow 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:



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 46-year-old male who reported injury on 06/18/2009. The mechanism of injury was stated to be a slip and hyperextension of the knee. The patient had an MRI of the right knee on 04/23/2012, which reportedly demonstrated linear signal alteration that did not extend to the undersurface. There was altered signal at the distal attachment of the anterior cruciate ligament. It was noted the patient had moderate pain in both knees, left worse than right. The patient was noted to have focal tenderness along the medial joint and posterior horn of the medial meniscus of the right knee. The diagnoses included an internal derangement of the right knee with what appears to be some early bicompartamental arthritis by x-rays, rule out meniscal tear. The requested treatment was noted to be an MRI of the right knee without contrast.

IMR DECISION(S) AND RATIONALE(S)

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

1. MRI of the right knee without contrast is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Knee Complaints, Chapter 13, Special Studies and Diagnostic and Treatment Considerations, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee & Leg Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Official Disability Guidelines recommend repeat MRIs postsurgically if needed to assess knee cartilage repair tissue. The clinical documentation submitted for review by way of 08/07/2013 office note per [REDACTED], MD, revealed the patient had 1 mm narrowing of both knees

with lateral facet arthritis of the patellofemoral joints, and it was stated that due to the patient's persistent catching and locking synovitis of the right knee and an MRI was requested. The clinical documentation submitted for review indicated the patient had arthritis of the patellofemoral joints and it also noted that the patient had a mildly positive McMurray's test. The patient was noted to have medial collateral, anterior cruciate and lateral collateral ligaments that were intact to varus, valgus, and anterior and posterior stress. It was further stated that the physician had contemplated doing an MMI final report on the patient, but he would hold off until the MRI was completed. The above would not support the necessity for an MRI. **The request for MRI of the right knee without contrast is not medically necessary and appropriate.**

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.