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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/12/2013  
Date of Injury: 2/21/2012  
IMR Application Received: 8/20/2013  
MAXIMUS Case Number: CM13-0013779

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 Surgeon and is licensed to practice in Montana, Tennessee, Texas . 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:

The patient is a 44-year-old male who reported an injury on 02/21/2012 due to stepping off a curb, twisting his right knee. The patient underwent left knee surgery in 2000 and 2010. The patient received postoperative physical therapy and medications. The patient also received a series of Synvisc injections. The patient underwent an MRI on 05/29/2012 that revealed moderate osteoarthritis and moderate effusion. The most recent clinical documentation submitted for review does indicate that the patient has tenderness to palpation of the parapatellar joint, the medial joint line, the lateral joint line, is positive for patellofemoral crepitus, a positive McMurray's sign. The patient's range of motion is described as 0 degrees in extension and 105 degrees in flexion. The patient's diagnosis included knee osteoarthritis. The patient's treatment plan included weight loss and a total knee replacement.

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

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

#### **1. One Total Left Knee Replacement is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS American College of Environmental Medicine (ACEOM),(2004), Guidelines, chapter 13, Knee Complaints, pages 343-344 which is part of the MTUS. In addition, Official Disability Guidelines (ODG), Knee Arthroplasty, 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 Worker's Compensation, The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee joint replacement, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The employee does continue to have knee pain supported by an MRI that states the employee has moderate osteoarthritis. The employee has failed to respond to an exercise program and medications. However, subjective clinical findings must include limited range of motion less than 90 degrees with nighttime joint pain. It is also recommended that the patient be over the age of 50 years with a body mass index of less than 35. The clinical documentation submitted for review does not provide evidence that this patient has range of motion deficits considered significant enough to support total knee replacement. Additionally, the patient is not over the age of 50 with a body mass index over 35.

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]

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