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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/5/2013  
Date of Injury: 8/31/2010  
IMR Application Received: 8/20/2013  
MAXIMUS Case Number: CM13-0014314

DEAR Mr. [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 Surgery and is licensed to practice in 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 62-year-old male who reported an injury on 08/31/2010 and received a total knee arthroplasty in 09/2012. Postsurgically the patient received physical therapy. The patient continued to have knee pain. Physical findings included limited range of motion described as 0 to 130 degrees, mild patellofemoral crepitus, and mild patellar grind test, pain, a catching sensation of the medial knee, and warmth to the knee joint were also noted. The patient's diagnoses included parapatellar synovitis of the left knee and psoriatic arthritis and a treatment plan included surgical intervention.

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

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

**1. A left knee arthroscopy, synovectomy, releases, repair and excise of tissue is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM guidelines, Chapter 13, page 345, which is part of the MTUS and Canale & Beaty, Campbell's Operative Orthopaedics, 11<sup>th</sup> edition, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Chapter 13, page 343-345, which is part of the MTUS and the WebMD, <http://www.webmd.com/rheumatoid-arthritis/synovectomy-for-rheumatoid-arthritis>, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The requested arthroscopy left knee, synovectomy, releases, repair/excise tissue as needed is not medically necessary or appropriate. The medical records indicate the patient does continue to have knee pain. An online resource, the Web MD, indicates that synovectomy may be used to

treat joints affected by rheumatoid arthritis that have minimal bone or cartilage destruction when medicine has not relieved pain. The clinical documentation submitted for review does not provide evidence that the patient is diagnosed with rheumatoid arthritis. There are indications that the patient does have palpable warmth of the knee joint to support the suspicion of synovitis; however, the clinical documentation does not provide evidence that the patient has failed to respond to exhaustive conservative measures of at least 6 to 12 months. Additionally, imaging studies were not provided to support surgical intervention. As such, the requested arthroscopy left knee, synovectomy, releases, repair/excise tissue as needed is not medically necessary or appropriate.

**2. An assistant surgeon is not medically necessary and appropriate.**

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

**3. EKG/cardiac clearance is not medically necessary and appropriate.**

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

**4. The purchase of Mobilegs/Crutches is not medically necessary and appropriate.**

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

**5. Compression therapy times 10 days is not medically necessary and appropriate.**

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

**6. Labs: CBC, UA, BMP, EKG and CXR is not medically necessary and appropriate.**

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

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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