
Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/19/2013
Date of Injury: 12/21/2010
IMR Application Received: 8/26/2013
MAXIMUS Case Number: CM13-0016891

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one right knee unicompartamental replacement between 8/14/2013 and 9/28/2013 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one post-operative anti-coagulation between 8/14/2013 and 9/28/2013 is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **eight post-operative physical therapy visits between 8/14/2013 and 9/28/2013 is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 right knee unicompartmental replacement between 8/14/2013 and 9/28/2013 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one post-operative anti-coagulation between 8/14/2013 and 9/28/2013 is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **eight post-operative physical therapy visits between 8/14/2013 and 9/28/2013 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.

Expert Reviewer Case Summary:

This is a 50 year old male claimant who reported right knee pain on 12/02/2010 when he stepped down from his work truck. His last day worked was on 01/23/11. The claimant was noted to have a body mass index of 29.70 and noted to be a daily smoker. The claimant was noted to have a history of right knee torn medial collateral ligament and underwent surgery in July 2010. The claimant reported no improvement following surgery. Most current diagnoses included right knee pain and complex medial meniscus tear right knee with medial compartment osteoarthritis. Standing right knee x-rays in February 2011 showed mild to moderate arthritic disease affecting all three compartments slightly more medially. A right knee arthroscopic partial medial meniscectomy was performed 05/16/13. Conservative treatment measures included physical therapy/ home exercise, Orthovisc injections (June/ July 2013), oral medications and work restrictions. Right knee x-rays 08/05/13 showed bone on bone changes medially with less than a millimeter space between the bones, femur and tibia on the medial compartment. The claimant reported persistent right knee pain on a 09/11/13 physician visit with poor sleep and decreased activity level which was unchanged from previous visits. Examination findings revealed right knee mild swelling, range of motion restricted with flexion limited to 30, extension to 60, internal rotation 5 and external rotation 5 degrees. The claimant underwent a right knee arthroplasty of

medial condyle and tibial plateau for unicompartmental knee replacement on 10/01/13 with no complications reported. Operative findings included grade 4 changes in the medial femoral condyle and medial tibial plateau. Post-operative treatment included a CPM machine, ice machine and medications. The request for right knee unicompartmental replacement was previously certified on an 08/28/13 peer review as the claimant had documented bone on bone on medial joint line by arthroscopy and had failed conservative management to include injections.

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 right knee unicompartmental replacement between 8/14/2013 and 9/28/2013:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Knee and Leg Chapter (Online Edition). Indications for Surgery; Knee Arthroplasty, which are not part of MTUS.

The Expert 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 Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Knee and Leg: Knee Joint Replacement, which is not part of MTUS.

Rationale for the Decision:

The request for unicompartmental knee replacement would appear to be reasonable based on the fact the employee had isolated medial compartment osteoarthritic change with bone on bone findings and a failure of conservative care including medications, physical therapy, home exercises and injections. The choice of unicompartmental verses total knee arthroplasty is typically left up to the surgeon's discretion particularly as it pertains to assessing any evidence of degenerative change in the lateral or patellofemoral compartments that would normally mandate total knee arthroplasty in that setting. The above statements are made consistent with the Official Disability Guidelines based on the fact that MTUS Guidelines are silent in this case. **The request for one right knee unicompartmental replacement between 8/14/2013 and 9/28/2013 is medically necessary and appropriate.**

2) Regarding the request for one post-operative anti-coagulation between 8/14/2013 and 9/28/2013:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Knee and Leg Chapter (Online Edition). Indications for Surgery; Knee Arthroplasty, which are not part of MTUS.

The Expert 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 Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Knee and Leg: Venous Thrombosis, which is not part of MTUS.

Rationale for the Decision:

Venous thrombotic prophylaxis is recommended for individuals following arthroplasty. It is typically left up to the surgeon to determine the length prophylaxis based on the claimant's prior history and risk factors. A course of six weeks of anticoagulation would not be considered unreasonable and therefore would be considered appropriate in this case. The above statements are made consistent with the Official Disability Guidelines as the MTUS Guidelines are silent. **The request for one post-operative anti-coagulation between 8/14/2013 and 9/28/2013 is medically necessary and appropriate.**

3) Regarding the request for eight post-operative physical therapy visits between 8/14/2013 and 9/28/2013:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Knee and Leg Chapter (Online Edition). Indications for Surgery; Knee Arthroplasty, which are not part of MTUS.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, Postoperative Physical Therapy: Knee, which is part of MTUS.

Rationale for the Decision:

The MTUS Guidelines state that most individuals will require up to twenty four sessions of therapy following arthroplasty. Traditionally, the initial course of therapy would represent one half of that number of sessions. Eight therapy visits as requested post operatively in this case would represent a reasonable initial course of treatment following this claimant's surgical arthroplasty and as such this request would be considered reasonable and appropriate in this setting. **The request for eight post-operative physical therapy visits between 8/14/2013 and 9/28/2013 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/amm

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.