

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/15/2013
Date of Injury:	3/30/2013
IMR Application Received:	8/27/2013
MAXIMUS Case Number:	CM13-0017185

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left knee-exam under anesthesia, possible arthroscopic debridement chondroplasty, meniscectomies 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 8/15/2013. 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 **left knee-exam under anesthesia, possible arthroscopic debridement chondroplasty, meniscectomies 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:

The claimant is a 22 year-old male who felt a pop in left knee while standing, loading shelves and turning at work on 03/30/12. An MRI done in April of 2012 reflected findings of a linear intrasubstance signal in the medial meniscus without discrete tear. Records reflect that he underwent conservative treatment which consisted of physical therapy however symptoms persisted. He underwent a Qualified Medical Evaluation (QME) in January of 2013 at which time he was not deemed as maximum medical improvement (MMI) as surgical intervention was a possible treatment. The providers records from June 2013 to August 2013 documented that the claimant continued to have persistent symptoms of clicking/snapping/locking, decreased range of motion from 10 to 80 degrees, effusion on examination, medial joint line pain with McMurray's test, and an antalgic gait. The treating provider had requested an MRI for further treatment planning however the request was denied and as such the provider requested authorization to proceed with exam under anesthesia. The request was initially denied and then was authorized on reconsideration. The claimant underwent the procedure on 09/04/13 at which time findings as documented included inner rim fraying of the medial meniscus.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:

- Claims Administrator
- Employee/Employee Representative
- Provider

Regarding the request for left knee-exam under anesthesia, possible arthroscopic debridement chondroplasty, meniscectomies:

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 American College of Occupational and Environmental Medicine Guidelines (ACOEM), 2nd Edition, (2004) Chapter 13, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pgs. 344-345, which is part of the MTUS; and the Official Disability Guidelines (ODG), 2013 Updates, Knee and Leg Chapter – Diagnostic Arthroscopy, Chondroplasty, Meniscectomy, which is not part of the MTUS.

Rationale for the Decision:

The CA MTUS does not specifically address this clinical setting however in looking to Official Disability Guidelines, in cases of persistent symptoms impacting functionality, with inconclusive imaging, and positive exam findings despite conservative measures, guidelines would allow for diagnostic arthroscopy. Based on the medical records provided for review the employee had imaging in the form of an MRI done in April 2012 which revealed signal change in the medial meniscus. On examination the employee had findings of effusion, medial joint line pain with McMurray's test, limitation in range of motion from 10 to 80 degrees, and an antalgic gait. The employee reported persistent symptoms of snapping, locking, and clicking. In light of the persistent mechanical symptoms corroborated on examination, the exam under anesthesia would be recommended as a diagnostic and potentially therapeutic intervention.

The request for left knee-exam under anesthesia, possible arthroscopic debridement chondroplasty, meniscectomies 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

/jd

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.