

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/9/2013
Date of Injury:	3/16/2011
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017420

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 MR arthrogram of the right knee** is medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/9/2013. 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 **1 MR arthrogram of the right knee** 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 patient is a 49-year-old female injured on 03/16/11 sustaining a right knee injury while walking out of an apartment complex sustaining a twisting injury.

Following a course of conservative care and diagnostics, she underwent right knee arthroscopy on 08/25/11 for partial meniscectomy as well as a revision procedure performed on 11/08/12 in the form of arthroscopy medial and lateral meniscectomy. Recent clinical reports for review include 08/28/13 evaluation with Dr. [REDACTED], M.D. While the claimant states that she is unable to walk long distances and is having trouble sleeping due to her right knee complaints physical examination findings showed well healed prior portal sites with an effusion noted, tenderness over the lateral collateral ligament and no other right knee findings documented. The claimant's working diagnosis was that of right knee internal derangement status post prior arthroscopic procedure. The plan was for a course of physical therapy, medication management, and activity restrictions. There is no indication of postoperative imaging for review. The claimant's last imaging was prior to second surgery and showed evidence of a parameniscal body cyst at the lateral meniscus with MR arthrogram evidence of lateral meniscal tearing. This was prior to the claimant's second surgical process of 11/08/12. A postoperative MR arthrogram is being recommended for further diagnostic interpretation given the claimant's ongoing right knee complaints. The request was denied by utilization review dated 08/09/13 citing the previous MRI scan that was performed prior to second surgery and lack of recent adequate conservative care.

### **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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for 1 MR arthrogram of the right knee :**

#### 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, 2<sup>nd</sup> Edition, Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, which is 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, (ODG), 18<sup>th</sup> Edition, 2013 updates, knee procedure, MR arthrography.

#### Rationale for the Decision:

California ACOEM and MTUS Guidelines are silent regarding the need for MR arthrogram studies. The Official Disability Guidelines (ODG) criteria, arthrogram is recommended in situations to assess knee function when previous meniscal resection has taken place. The submitted medical records indicate the employee has had two prior meniscectomies and continues to be symptomatic nearly one year following the second surgery. Given the employee's failure to respond to conservative care with ongoing chronic complaints of pain, diagnostic imaging is medically necessary. **The requested 1 MR arthrogram of the right knee 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/srb

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.