

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/30/2013

Date of Injury:

3/8/2012

IMR Application Received:

8/28/2013

MAXIMUS Case Number:

CM13-0017960

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **right knee arthroscopy with possible partial medial meniscectomy 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 7/30/2013. 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 a **right knee arthroscopy with possible partial medial meniscectomy 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 47-year-old gentleman injured on 3/8/12 when he stood up after cleaning a door and had an acute onset of right knee pain. Imaging for review included a 4/18/13 MRI scan of the right knee demonstrating a small joint effusion with tearing to the anterior and posterior horn of the medial meniscus versus post-surgical change. Clinical correlation with prior surgery was recommended. There was also noted to be a mild sprain of the right anterior cruciate ligament. The most recent clinical assessment in this case was dated 8/23/13 citing continued complaints of pain in the knee. Vital signs were noted, but no formal assessment of the knee in terms of examination was documented. Prior documentation of physical examination was from 7/16/13 that showed a slight limp with full range of motion and anteromedial and anterolateral joint line pain with positive McMurray's and pain with varus and valgus stretching. It stated at that time that the claimant was status post a prior lateral meniscectomy on 7/19/12 but continued to complain of popping, mechanical symptoms, and instability. Surgical intervention in the form of a repeat arthroscopy was recommended at that time to include a partial medial meniscectomy. A utilization review dated 7/30/13 denied the above request citing that the claimant's pain was more consistent with osteoarthritis.

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:

- [REDACTED]

1) Regarding the request for right knee arthroscopy with possible partial medial meniscectomy :

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 (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pages 344-345, which is part of the MTUS.

Rationale for the Decision:

Based on MTUS California ACOEM Guidelines, the role of surgical intervention in this case appears reasonable. Review of the medical records provided for review and review of the recent MRI scan fails to demonstrate significant degree of underlying degenerative arthrosis. There is evidence of meniscal pathology consistent with medial tearing, and the employee continues to be symptomatic with mechanical symptoms at a recent evaluation. The role of surgical intervention to include arthroscopy and meniscectomy in this case would appear to be medically necessary. **The request for a right knee arthroscopy with possible partial medial meniscectomy 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

/jr

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.