

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/21/2013
Date of Injury:	1/24/2001
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0018051

- 1) **MAXIMUS Federal Services, Inc. has determined the request for 1 right knee arthroscopy with partial medial and lateral meniscectomies with 23 hour observation stay post-opt is not 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 8/21/2013. 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 right knee arthroscopy with partial medial and lateral meniscectomies with 23 hour observation stay post-opt is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon 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 62-year-old female who reported an injury on 01/24/2001. The mechanism of injury was not provided for review. The patient had significant difficulty with ambulation requiring a manual wheelchair and a powered wheelchair. The patient had tenderness upon palpation to the right knee. The patient underwent an MRI that revealed moderate tricompartmental osteoarthritic changes and chondromalacia, moderate knee joint effusion, and evidence of a horizontal lateral meniscus tear. The patient's diagnoses included internal derangement of the right knee. The patient's treatment plan included surgical intervention.

### **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 1 right knee arthroscopy with partial medial and lateral meniscectomies with 23 hour observation stay post-opt:**

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 (ACOEM), Summary of Recommendations, Knee Disorders, table 2, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pg.343-345, which is part of the MTUS.

Rationale for the Decision:

Regarding the employee's complaint of right knee pain, the American College of Occupational and Environmental Medicine recommends arthroscopic partial meniscectomy when there are physical findings clearly identifying significant deficits that are unresponsive to conservative treatment and supported by imaging studies. The medical records provided for review include an MRI that identified there was a lateral meniscus tear in the right knee. However, the clinical documentation submitted for review does not include any recent exam findings to support mechanical deficits that would require surgical intervention.

**The request for 1 right knee arthroscopy with partial medial and lateral meniscectomies with 23 hour observation stay post-opt is not medically necessary or 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

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