

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 08/19/2013  
Date of Injury: 02/11/2010  
IMR Application Received: 08/29/2013  
MAXIMUS Case Number: CM13-0018253

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

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 the employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49-year-old male who had a work-related injury on Feb.11, 2010 while being employed as a traffic officer. His diagnoses was bilateral chondromalacia patella. He is Status post left knee arthroscopy with open patellar tendon debridement and repair with Dr. [REDACTED] in 2011 and status post right knee arthroscopy by Dr. [REDACTED] at [REDACTED] in [REDACTED] on February 27,2013. His 2/27/13 surgery was an open exploration and debridement patellar tendon,excision of osteophyte, right patellar distal pole, drilling distal pole patella., repair of patellar tendon,arthroscopic chondroplasty, femoral groove and complete synovectomy, medial compartment, lateral compartment, and anterior intercondylar notch regions. This final post op diagnoses was 1. Chronic patellar tendinosis/tendonitis, right knee. 2. Chondromalacia, grade 2/3 50% femoral groove.3. Chronic synovitis, medial compartment, lateral compartment, and anterior intercondylar notch regions.4. No evidence of meniscal tear.He is s/p 12 post op visits for his right knee. The patient reported increased left knee pain since right knee surgery and presented with bilateral patellofemoral crepitus, peripatellar tenderness and a restricted range of motion bilaterally. The issues presented are whether one right knee brace, one synvisc injection, and one unknown PT session are medically necessary between 7/11/13 and 9/23/13.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1. One right knee brace between 7/11/2013 and 9/23/2013 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM (American College of Occupational and Environmental Medicine),Guidelines, Chapter 13 (Knee Complaints) (2004), pg. 340, which

is a part of the MTUS and the Official Disability Guidelines (ODG), Knee & Leg, (Acute & Chronic), which is not a part of the MTUS.

The Physician Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pg 340 and the Chronic Pain Medical Treatment Guidelines, page 98, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that there is no documentation that the employee has ACL, patellar, or MCL instability. Additionally there is no evidence that the employee will be stressing the knee under load. The Chronic Pain Medical Treatment MTUS Guidelines do not specifically address knee braces. However, theoretically a knee brace could fall into the MTUS definition of Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient). Per the MTUS : "these modalities can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process." Additionally per the ACOEM Table 13-6. Summary of Recommendations for Evaluating and Managing Knee Complaints, states that functional bracing as part of a rehabilitation program is optional, prophylactic bracing is not recommended and both have D level evidence. (D Panel interpretation of information not meeting inclusion criteria for research-based evidence.) Furthermore, there is no documentation that employee was receiving a rehabilitation program during these dates therefore the knee brace could not be considered functional bracing. **The request for One right knee brace between 7/11/2013 and 9/23/2013 is not medically necessary and appropriate.**

**2. One left knee Synvisc injections 7/11/2013 and 9/23/2013 is not medically necessary and appropriate.**

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Physician Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pg 346, which is a part of the MTUS, and the Official Disability Guidelines (ODG), Knee Section, which is not a part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS Guidelines do not specifically address the issue of the Synvisc injection which is in dispute. Per ODG Criteria: Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established.

The ACOEM Knee Chapter and recommendations page 346 do not refer to Synvisc injections. There is an optional recommendations for cortisone injection but with D level evidence (Panel interpretation of information not meeting inclusion criteria for research-based evidence.)

Additionally it is unclear after a review of the records if employee has had a Synvisc injection and any documented response to this injection. There is also no documentation of the employee having failed other conservative measures or any documentation of severe osteoarthritis. **The request for One left knee Synvisc injections 7/11/2013 and 9/23/2013 is not medically necessary and appropriate.**

**3. Unknown additional post-op physical therapy sessions between 7/11/2013 and 9/23/13 is not medically necessary and appropriate.**

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 99, Physical Medicine and pg. 46-47 Exercise, and the Post-Surgical Treatment guidelines, pg. 25-26 and pg 11, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

The request for Unknown additional post-op physical therapy sessions between 7/11/2013 and 9/23/13 is not medically necessary per MTUS guidelines. A review of the records indicates that the employee has completed 12 post op visits post surgery. There are no objective findings of functional improvement, per MTUS guidelines, in the employee's prior therapy which was 12 post op visits as deemed appropriate for the condition. There should be education on an active self directed home program per MTUS guidelines. MTUS (Effective July 18, 2009) Page 47 of 127). **The request for Unknown additional post-op physical therapy sessions between 7/11/2013 and 9/23/13 is not medically necessary and appropriate.**

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.

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CM13-0018253