
Notice of Independent Medical Review Determination

Dated: 9/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/1/2013

1/27/2012

7/12/2013

CM13-CM13-0001316

- 1) MAXIMUS Federal Services, Inc. has determined the request for Left Total Knee Replacement **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 Total Knee Replacement **is not 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

"The claimant is a 65-year-old male, who was injured on January 27, 2012, when his knee was caught in a truck step. He was diagnosed with a tear of the medial and lateral meniscus of the knee, extensive synovitis, of the knee, and grade III chondromalacia of the medial patellofemoral condyles. The claimant had been treated with anti-inflammatories in the past (unspecified). He went on to left knee arthroscopy on November 18, 2012, with a partial medial and lateral meniscectomy, complete synovectomy, and surface chondroplasty of the medial and patellofemoral compartments. The claimant had undergone injections and therapy of an unspecified amount. An evaluation on June 18, 2013, documented complaints of left knee pain with squatting and kneeling. The claimant had difficulty performing activities of daily living. Range of motion of the left knee was 120 degrees of flexion and 0 degrees of extension. There was tenderness along the medial and lateral joint line. The knee was stable. Sensation was intact. Strength was 5/5."

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 for Independent Medical Review (received 7/12/13)
- Utilization Review Determination (dated 7/1/13)
- Employee medical records from [REDACTED], MD (dated 7/17/12-7/18/12)
- Official Disability Guidelines (ODG) (latest version) Knee Chapter

1) Regarding the request for Left Total Knee Replacement :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (updated 6/7/13) Knee & Leg, Indications for Surgery, which is a Medical Treatment Guideline (MTG), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated no section of the MTUS was applicable and relevant to the issue at dispute. The expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) (current version) Knee and Leg, Indication for surgery, at MTG which is not part of the MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on January 27, 2012 to the left knee. The medical records provided and reviewed indicate diagnoses of a tear of the medial and lateral meniscus of the knee, extensive synovitis of the knee, and grade III chondromalacia of the medial patellofemoral condyles. Treatment to date has included steroid injections, physical therapy, and anti-inflammatory medications. The request is for a left total knee replacement.

The Official Disability Guidelines (ODG) indicates the criteria for total knee arthroplasty is failed conservative care which includes medical management and exercise therapy, as well as injection therapy; subjective complaints of limited range of motion, nighttime joint pain, and functional limitation; objective findings of greater than 50 years of age and a Body Mass Index of less than 35; and imaging finding of significant loss of chondral clear space in one of three compartments. The records provided for review do not document any recent imaging studies or exhaustive conservative care, as well as the documented BMI is in excess of guideline criteria. The request for left total knee replacement is not 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

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.