

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/8/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	5/3/2013
IMR Application Received:	7/19/2013
MAXIMUS Case Number:	CM13-0002105

- 1) MAXIMUS Federal Services, Inc. has determined the requested outpatient pre-operative medical clearance with lab work to include CBC, UA, BMP, and EKG is **not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 requested Outpatient pre-operative medical clearance with lab work to include CBC, UA, BMP, and EKG **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 11, 2013

"The claimant is a 21-year old employee who was pushing a pallet jack and his shoe became stuck, causing him to twist his left knee in 05/2013. The claimant has attended twelve (12) sessions of physical therapy to date. MRI of the left knee on 06/05/2013 documented: radial tear in the anterior horn of the medial meniscus, an intrasubstance tear in the posterior horn that extends into the body of the medial meniscus, mild marrow edema on the medial aspect. Dr. [REDACTED] noted on 07/03/2013 that there is a mild effusion noted on palpation with minimal crepitation, tenderness to palpation (TTP) at the MJL, normal gait and no instability noted."

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 (date 7/19/2013)
- Utilization Review Determination from [REDACTED] (date 7/11/2013)
- Medical Treatment Utilization Schedule (MTUS)
- **Requested medical records were not received timely by the Claims Administrator**

1) Regarding the request for outpatient pre-operative medical clearance with lab work to include CBC, UA, BMP, and EKG:

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) (current version), Knee and Leg Chapter, Indications for surgery, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines (ODG) (current version), Low Back Chapter, Preoperative testing, general, a MTG not part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 5/03/13 in a work-related incident. The submitted documentation indicates mild effusion noted on palpation with minimal crepitation, tenderness to palpation at the medial joint line, normal gait and no instability. The submitted documentation indicates a MRI revealed a radial tear in the anterior horn of the medial meniscus, an intrasubstance tear in the posterior horn that extends into the body of the medial meniscus, and mild marrow edema on the medial aspect. The submitted documentation indicates prior treatment has included 12 sessions of physical therapy. A request has been submitted for outpatient pre-operative medical clearance with lab work to include CBC, UA, BMP, and EKG.

The Official Disability Guidelines note the decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The submitted documentation indicates the employee has received authorization for a left knee arthroscopy with meniscectomy. However, there was no clinical evidence supplied for review to illustrate pre-existing conditions which would require pre-operative medical clearance to include CBC, UA, BMP and EKG. The requested outpatient pre-operative medical clearance with lab work to include CBC, UA, BMP, and EKG **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

/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.