

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 2/3/1998
IMR Application Received: 7/23/2013
MAXIMUS Case Number: CM13-0002700

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for 1 x-ray of the right knee provided on 6/25/2013 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. A decision has been made for each of the treatment and/or services that were in dispute.

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 Preventive Medicine and Occupational Medicine, 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 was injured on 2/3/1998 and reports chronic knee pain. The patient has been treated with analgesic medications, prior total knee arthroplasty with subsequent revision, and unspecified amounts of post-operative physical therapy. On 7/9/2013, the provider recommended an additional x-ray of the knee. The patient underwent revision knee surgery on 5/10/2013, and later underwent a right knee series on 6/25/2013 which showed revision total knee arthroplasty in good position with no evidence of loosening.

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 of Independent Medical Review (received 7/24/2013)
- Utilization Review Determination from [REDACTED]
- No medical records were provided timely by the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 x-ray of the right knee:

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), Knee and Leg Chapter, Radiography section, which is a medical treatment guideline that is not part of the MTUS. The Expert Reviewer determined the MTUS do not address the issue in dispute. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Radiology (ACR) Guidelines, Imaging After Total Knee Arthroplasty section.

Rationale for the Decision:

The ACR guidelines on imaging after total knee arthroplasty state that x-rays of the knee represent the most appropriate procedure, rated 9/9, to follow-up on asymptomatic patients following total knee arthroplasty. Per the ACR Guidelines, plain film x-rays are the standard method for evaluating loosening and infection. The guidelines also note that baseline radiographs are suggested at the first outpatient office visit following total knee arthroplasty, i.e., at the six week mark of date of the surgery. The records submitted and reviewed indicate the employee underwent studies on 6/25/2013 at the six-week mark of the date of the injury. The retrospective request for 1 x-ray of the right knee performed on 6/25/2013 **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

/sab

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.