
Notice of Independent Medical Review Determination

Dated: 9/30/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	11/2/2007
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002781

- 1) MAXIMUS Federal Services, Inc. has determined the request for tertiary care center with hematology/oncology workup **is not 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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 tertiary care center with hematology/oncology workup **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 Internal 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 19, 2013:

“The patient is a 48 year old female with a date of injury of 11/2/2007. Under consideration is a prospective request for I total right knee replacement at a tertiary care center with hematology/oncology workup. The documentation included for review indicated the patient was treated for chronic right knee pain. Per a MRI study, the patient was diagnosed with right knee degenerative joint disease pending total knee replacement. Additionally, the patient was diagnosed with anemia. The provider indicated that it was appropriate to refer the patient to [REDACTED] with tertiary care because the patient will likely need a blood transfusion due to her low hemoglobin. To avoid unnecessary infection from blood transfusion, treatment has been requested with hematological and oncology workup to assess the patient's anemia. The provider has submitted a lab report dated 6/3/13 that indicates lab values of hemoglobin: 10.1, hematocrit: 31.1, mean corpuscular volume (MCV): 74.0, and mean corpuscular hemoglobin (MCH): 24.0. The Official Disability Guidelines recommend total knee arthroplasty in patients over 50 years of age with all three knee compartments affected. Additional criteria include failed conservative care, limited range of motion with nighttime joint pain. Finally, total knee replacement may be indicated if imaging indicates significant loss of chondral clear space with varus or valgus deformity. The request for total knee arthroplasty is indicated in this case. The documentation did show that the patient is a candidate for total knee arthroplasty based on the guideline criteria. Specifically, the patient does have imaging results indicative of multi-compartment involvement. Also, examination revealed abnormalities of range of motion being decreased to -5 extension and 95 flexion. Lastly, the patient indicated that with her current medication regime pain was stable. The patient's recent laboratory testing is

indicative of a microcytic anemia suggestive of iron deficiency. Tertiary level care for the management of an apparent iron deficiency anemia does not appear warranted at this time, given the request is based on a single lab result and no other efforts to investigate or manage the anemia have been made. Therefore, the request for 1 total right knee replacement at a tertiary care center with hematology/oncology workup is certified to modification of 1 total right knee replacement only, with non-certification of the tertiary care center with hematology/oncology workup."

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 (dated 7/23/2013)
- Utilization Review from [REDACTED] (dated 7/19/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for tertiary care center with hematology/ oncology workup:

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

The Claims Administrator did not cite any evidence-based criteria for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not address the issue at dispute and found no applicable and relevant Medical Treatment Guideline. The Expert Reviewer based his/her decision on Harrison's Textbook of Medicine (online edition) Chapter 8, Medical Evaluation of the Surgical Patient, a nationally recognized standard of care which is not part of MTUS as relevant and appropriate to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on November 2, 2007 resulting in chronic right knee pain, and additionally, the employee was diagnosed with iron deficiency anemia. The medical records provided for review indicate treatments have included pain management, medications, and the employee was started on an iron supplementation in 2012. A total right knee replacement has been approved. The request is for a tertiary care center with hematology/oncology workup.

Harrison's Textbook of Medicine discusses in detail the risk stratification of patients and their comorbidities. Based on the medical records reviewed, the employee has iron deficiency anemia with hematocrit of 31 and hemoglobin of 10.1 and no other health issues documented which would require the expertise of a tertiary care center. The consultation, evaluation and management of the anemia can be handled by an Internist. The request for a tertiary care center with hematology/oncology workup **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
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/slm

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.