
Notice of Independent Medical Review Determination

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 6/28/2013
Date of Injury: 2/19/2010
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0002892

- 1) MAXIMUS Federal Services, Inc. has determined the request for a left knee menisectomy and debridement **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an assistant surgeon **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two (2) times a week for six (6) weeks for the left knee **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Keflex 500mg #4 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for for Zofran 4mg **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Colace 100mg #10 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #30/50 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Vitamin C 500mg #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 6/28/2013. 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 a left knee meniscectomy and debridement **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an assistant surgeon **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two (2) times a week for six (6) weeks for the left knee **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Keflex 500mg #4 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for for Zofran 4mg **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Colace 100mg #10 **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #30/50 **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Vitamin C 500mg #60 **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 28, 2013:

“This patient has diagnoses of left knee internal derangement. MCM noted
NARRATIVE: Narrative: Case represents a 58 year old female Cashier who tripped over

an empty box of cups while she was walking to assist some customers. She landed on her left side. Treatment to date: Medical: MRI 4/28/10, 2/20/12: left hip/femur surgery. 9/13/11: right shoulder arthroscopic surgery. 3/14/12: left total hip replacement, Injections, steroid injection 4/22/13 DOCUMENTS ATTACHED: Dr. [REDACTED] 6/21/2013 report. On 06/21/13 doctor noted need for appeal for surgery as he felt the UR process was being obstructive and he noted need for surgery. No new clinical information noted. This is now appeal for the requested surgery and associated perioperative Requests”.

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
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for left knee meniscectomy and debridement:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Knee Complaints, pages 343-345, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Knee Chapter, Meniscectomy section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/18/2010 and experienced a left hip fracture and left knee pain. Treatments have included left hip/femur surgery, right shoulder arthroscopic surgery, left total hip replacement, left knee steroid injection and, viscosupplementation left knee injections, and medications. The request is for left knee meniscectomy and debridement.

The ACOEM Guidelines indicate arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear – symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a buckethandle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, individuals suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. Arthroscopy and meniscus surgery may not be equally beneficial for

those individuals who are exhibiting signs of degenerative changes. In this case, the employee's condition does not meet the criteria listed above to support having this surgery. The employee has predominantly degenerative changes, is status post a medial meniscus repair in the same knee in 2000, and does not have clear findings that confirm a meniscus tear. Therefore, the request for left knee meniscectomy and debridement **is not medically necessary and appropriate.**

2) Regarding the request for an assistant surgeon:

Since the surgical procedure is not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

3) Regarding the request for physical therapy two (2) times a week for six (6) weeks for the left knee:

Since the surgical procedure is not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

4) Regarding the request for Keflex 500mg #4:

Since the surgical procedure is not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

5) Regarding the request for Zofran 4mg:

Since the surgical procedure is not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

6) Regarding the request for Colace 100mg #10:

Since the surgical procedure is not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

7) Regarding the request for Tramadol 50mg #30/50:

Since the surgical procedure is not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

8) Regarding the request for Vitamin C 500mg #60:

Since the surgical procedure is not medically necessary and appropriate, none of the associated services are 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

/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.