

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	12/1/2009
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002939

- 1) MAXIMUS Federal Services, Inc. has determined the request for left knee total replacement - arthroplasty **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for surgical clearance **is 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 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 knee total replacement - arthroplasty **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for surgical clearance **is 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 Orthopaedic 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 2, 2013:

“This 64-year-old male injured his knee on 12/1/09. The mechanism of injury was due to a slip and fall. His diagnosis was osteoarthritis of the left knee. The agreed medical evaluation (AME) reports from 7/26/12 and 5/24/13 from Dr. [REDACTED] were reviewed. He documented the patient had a left knee arthroscopy about 12 years ago and did well until the industrial injury. Since that time, he had pain. The only known treatment that the patient has had was some oral medication. Neither Dr. [REDACTED], the AME physician, nor the review of medical records contained in the AME's and Dr. [REDACTED] 6/20/13 report described any substantial conservative treatment for this condition .. The patient's physical examination was consistent with osteoarthritis, as were his X-rays. The X-ray report was reviewed showing what they described as bulky tricompartmental osteophytes.”

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 Applicants Attorney/Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for left knee total replacement - arthroplasty:

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), Knee and Leg Chapter, Knee Joint Replacement section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the MTUS does not address specific criteria for a knee arthroplasty. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the left knee and hip, and pulled the shoulder in a slip and fall on 12/1/2009. Treatment has included imaging, medication, chiropractic manipulative therapy, and a trial of acupuncture. The request is for left knee total replacement - arthroplasty.

The ODG recommends that patients be unresponsive to conservative care, be over the age of 50, have a BMI less than 35 and have imaging evidence of 2 or more affected compartments prior to undergoing total knee arthroplasty surgery. The medical records submitted and reviewed does support that the employee is over the age of 50, has a BMI of less than 35 and has imaging evidence of tricompartmental osteoarthritis. With regards to prior conservative care, the documentation does support that the employee has been treated with knee brace, medication management, physical therapy and Depo-Medrol injection. The criteria has been met. The request for left knee total replacement - arthroplasty **is medically necessary and appropriate.**

2) Regarding the request for surgical clearance:

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), Knee and Leg Chapter, Knee Joint Replacement section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the MTUS does not address the issue in dispute. The Expert Reviewer relied on the Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee injured the left knee and hip, and pulled the shoulder in a slip and fall on 12/1/2009. Treatment has included imaging, medication, chiropractic manipulative therapy, and a trial of acupuncture. The request is for surgical clearance.

The ODG recommends preoperative testing based on the patient's clinical history, comorbidities, and physical examination findings. Medical records submitted and reviewed document the employee is also noted to have hypertension and diabetes. The request for surgical clearance **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;

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

/ldh

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.