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**Notice of Independent Medical Review Determination**

Dated: 9/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

11/15/2011

7/26/2013

CM13-0002960

- 1) MAXIMUS Federal Services, Inc. has determined the request for left knee arthroscopy with partial medial meniscectomy **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/16/2013. 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 left knee arthroscopy with partial meniscectomy **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 16, 2013

"This is a 37-year-old male with a 11/15/2011 date of Injury. A specific mechanism of Injury has not been described. 7/5/13 progress report indicates improved right knee. Physical exam demonstrates medial joint line tenderness of the left knee with a positive McMurray sign. 4/6/13 left knee MRI demonstrates a small tear of the posterior horn of the medial meniscus with medial compartmental degenerative spurring and chondral thinning; patellofemoral degenerative change with patellar chondral thinning. Treatment to date has included bracing, medication, and activity modification. The request is for Left knee arthroscopy with partial medial meniscectomy."

### **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 7/24/2013
- Utilization Review Determination provided by [REDACTED] dated 7/16/2013
- Medical Records from 11/08/2012 through 7/05/2013
- ACOEM Guidelines, 2004, 2<sup>nd</sup> Edition, Knee Complaints, pages 343-435 packet enclosed

**1) Regarding the request for left knee arthroscopy with partial medial meniscectomy:**

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), 2<sup>nd</sup> Edition, 2004, Knee Complaints, pages 343-345, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The Employee injured both knees on 11/15/2011. According to the submitted and reviewed medical records, the employee has had knee bracing, pain medication, physical therapy, MRIs, right knee arthroscopy, and a cortisone injection. The most recent medical report, dated 7/05/2013, indicated that the employee was experiencing left knee tenderness in the medial joint line and positive orthopedic findings. A request was submitted for left knee arthroscopy with partial medial meniscectomy.

The MTUS, ACOEM Guidelines indicate that patients 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. The reviewed medical records lack a documented recent thorough physical exam evidencing significant findings to support the requested surgery, and also lack documentation of recent conservative treatment attempts. The request for left knee arthroscopy with partial medial meniscectomy 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.