
Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	1/21/2013
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003097

- 1) MAXIMUS Federal Services, Inc. has determined the request for left knee arthroscopy with partial meniscectomy **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for chondroplasty **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for medical clearance and labs **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for chondroplasty **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for medical clearance and labs **are 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 an appeal of a preauthorization request, which was previously denied. The previous review noted the following: This is a 74-year-old male with a 1-21-2013 date of injury. A specific mechanism of injury has not been described. 6/10/13 supplemental report indicates left knee pain, headaches, and left-sided low back pain. The pain radiates to the bilateral knees and toes. Physical exam demonstrates left knee tenderness, spasm and swelling, limited flexion. Left knee MRI on 2/28/13 demonstrated severe medial compartment osteophytic changes and mild patellofemoral and lateral compartment changes. There are two spherical 2 x 3 cm masses in the popliteal fossa, including differential diagnosis of aneurysms of the popliteal artery. There are stellate tears of the posterior horn and body of the medial meniscus.”

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 (received 7/25/2013)

- Utilization Review Determination from [REDACTED] (dated 7/16/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for left knee arthroscopy with partial 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) Practice Guidelines, 2nd Edition (2004), (no chapter or section cited), pg. 343-345, part of the MTUS. The Expert Reviewer found the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter, Surgical Considerations, pg. 343-345, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury of 1/21/13. The submitted medical records note left knee pain and mechanical symptoms. Diagnoses include: left knee chondromalacia and left knee medial meniscal tear. Per the submitted records, prior treatment has included physical therapy, chiropractic care, acupuncture, anti-inflammatory medications, bracing and a cortisone injection. A request has been submitted for left knee arthroscopy with partial meniscectomy.

The MTUS ACOEM guidelines recommend meniscectomies for patients who have symptoms other than simple pain, clear signs of tear on examination, and consistent findings on magnetic resonance imaging (MRI). Per the submitted medical records, the employee does have imaging evidence of medial meniscal tear and physical examination findings of joint line tenderness. However, the specific joint line was not noted, and there were no further examination findings such as McMurray's test to correlate with the MRI. The guidelines do not support the request in this setting. The requested left knee arthroscopy with partial meniscectomy **is not medically necessary and appropriate.**

2) Regarding the request for chondroplasty:

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) Practice Guidelines, 2nd Edition (2004), (no chapter or section cited), pg. 343-345 and the Official Disability Guidelines (ODG), (current version), Knee chapter, (no section cited), not part of the MTUS. The Expert Reviewer found the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter, Surgical Considerations, pg. 343-345, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury of 1/21/13. The submitted medical records note left knee pain and mechanical symptoms. Diagnoses include: left knee chondromalacia and left knee medial meniscal tear. Per the submitted

records, prior treatment has included physical therapy, chiropractic care, acupuncture, anti-inflammatory medications, bracing and a cortisone injection. A request has been submitted for chondroplasty.

The MTUS ACOEM guidelines note prior to surgical consideration there should be failure of exercise programs to increase range of motion and strength prior to surgical considerations. The Official Disability Guidelines state there should be imaging evidence of chondral defect on MRI prior to performing chondroplasty procedure. The MRI submitted for review did reveal osteoarthritic changes; however, there is lack of a focal chondral defect on imaging. There was also lack of documentation of conservative care in the provided records to support the need for surgical intervention at this time. The request for chondroplasty **is not medically necessary and appropriate.**

3) Regarding the request for medical clearance and labs:

Since the left knee arthroscopy with partial meniscectomy and chondroplasty are not medically necessary, 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

/srb

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.