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**Notice of Independent Medical Review Determination**

Dated: 12/17/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/5/2013  
Date of Injury: 8/29/2002  
IMR Application Received: 7/24/2013  
MAXIMUS Case Number: CM13-0003159

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 right knee Oxford procedure is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 MRI for the Oxford procedure is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 femoral nerve block is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **1 general anesthesia is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **1 pre-operative I.V. lactated ringers 1000cc @TKO rate is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **1 pre-operative antibiotics: Ancef 2gm, IV 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 7/5/2013. 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 **1 right knee Oxford procedure is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 MRI for the Oxford procedure is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 femoral nerve block is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **1 general anesthesia is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **1 pre-operative I.V. lactated ringers 1000cc @TKO rate is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **1 pre-operative antibiotics: Ancef 2gm, IV 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 Surgeon 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.

### **Expert Reviewer Case Summary:**

The patient is a 69-year-old female who reported an injury on 08/28/2002, mechanism of injury not stated. Diagnoses given include right knee medial compartment arthritis and lumbago. The patient is noted to have undergone a left knee unicompartmental arthroplasty which was reported to have resolved her left knee pain. A clinical note dated 09/07/2012 noted the patient continued to experience frequent right knee pain with occasional weakness and giving way of the knee. She noted her knee occasionally swelled as well. X-rays performed of the right knee on 09/07/2012 were reported to demonstrate very subtle narrowing of the medial compartment; otherwise, the joint spaces were well preserved with no apparent fracture, dislocation, or pre-existing proliferative lesion. An MRI of the right knee performed on 12/2012 noted medial meniscal tear and osteoarthritis with preferential involvement of the medial and patellofemoral joint compartment. Clinical notes dated 06/21/2013 signed by Dr. [REDACTED] reported the patient had undergone a left knee Oxford procedure on

03/28/2011 and had done pretty well. She was noted to continue to have right knee pain and to have undergone a right knee arthroscopy on 01/24/2013 where she was found to have a partial medial meniscus tear, a small lateral meniscus tear, and chondromalacia of the medial femoral condyle. She was reported to have excruciating pain the medial aspect of her right knee and used a cane for her right knee arthritis. On physical exam, the patient is noted to have a slight effusion, pain with direct palpation along the medial and lateral joint line, positive bounce home test, positive McMurray's, range of motion of 0 to 120 degrees with no excessive varus or valgus instability. A recommendation was made for a unicompartmental Oxford procedure of the right knee. A clinical note dated 08/09/2013 reported the patient continued to have right knee pain. The patient is noted to have no pain with direct palpation of the medial joint line on physical exam, discomfort with patellofemoral compression, and pain with direct palpation in the anterolateral aspect of the lateral joint line. McMurray's was equivocal. She was noted to have range of motion of 5 to 120 degrees.

**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:

- [REDACTED]
- [REDACTED]
- [REDACTED]

**1) Regarding the request for 1 right knee Oxford procedure :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13), pg 343-4, which is part of the MTUS and the Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Indications for surgery, Knee arthroplasty, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) Chapter, Knee joint replacement, which is not part of the MTUS.

Rationale for the Decision:

The employee is a 69-year-old female who reported an injury on 08/28/2002. She is noted to have undergone a previous left knee Oxford procedure on 03/28/2011 and to have undergone a right knee arthroscopy on 01/24/2013 for treatment of a partial medial and lateral meniscus tears and chondromalacia of the medial compartment. She was noted to have undergone an MRI of the right knee. X-rays of the right knee performed in 09/2012 noted very subtle narrowing of the medial compartment; otherwise, the joint spaces were well preserved. The employee is reported to walk with a cane, to complain of ongoing knee pain and

on physical exam she was noted to have no pain with direct palpation along the medial joint line, discomfort with patellofemoral compression, and pain with direct palpation of the anterolateral aspect of the lateral joint line and equivocal McMurray's, no excessive varus or valgus instability with range of motion of 5 to 120 degrees. She is noted to ambulate with a cane. California MTUS Guidelines do not address the request. The Official Disability Guidelines recommend unicompartmental joint replacement when only 1 compartment is affected after conservative treatment consisting of supervised physical therapy or home rehabilitation exercises and medications including nonsteroidal anti-inflammatory medications (NSAIDs), viscosupplementation, steroid injections with limited range of motion, complaints of nighttime pain and no pain relief with conservative care, documentation of current functional limitations demonstrating the necessity for intervention for patients over 50 years of age with a body mass index of less than 35 and with imaging studies showing significant loss of chondral clear space in at least one of the three compartments or previous arthroscopy (documenting advanced chondral erosion or exposed bone). The employee is not noted to have undergone viscosupplementation or cortisone injections, and previous x-rays note very subtle medial joint space narrow. Although the employee was reported to have been found to have severe chondral erosion during an arthroscopy performed in January 2013, the operative report was not submitted for review. As such, the request surgery does not meet guideline recommendation. **The requested 1 right knee Oxford procedure is not medically necessary and appropriate.**

**2) Regarding the request for 1 MRI for the Oxford procedure :**

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**3) Regarding the request for 1 femoral nerve block :**

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**4) Regarding the request for 1 general anesthesia :**

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**5) Regarding the request for 1 pre-operative I.V. lactated ringers 1000cc @TKO rate :**

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**6) Regarding the request for 1 pre-operative antibiotics: Ancef 2gm, IV:**

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.