

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: **11/22/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	8/20/1993
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003183

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left knee arthroplasty is 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 8/5/2013. 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 arthroplasty 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.

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

“The patient is an 81-year-old male who injured both knees on 08/20/1993. The mechanism of injury was not provided. The patient is diagnosed with left knee degenerative joint disease. A request for left total knee arthroplasty has been made. The patient was initially treated with medications and viscosupplementation and cortisone injections. On 4/1/13 follow-up, he still complained of left knee pain with on and off swelling. Physical examination on that visit showed mild swelling and joint line tenderness. There was fairly full range of motion. The recent medical record dated 7/1/13 indicates that the patient presents with continued pain in his left knee. Current medications include aspirin, Cardura, iron, Flonase, Lasix, Vicodin, isosorbide, Imdur, Mobic, and potassium. Physical examination showed that he walks with a limp favoring the left side. His range of motion revealed flexion contracture of about 10 degrees with flexion at 115-120 degrees. He has tight patellar mobility with medial and lateral joint line tenderness. There is medial joint line tenderness. Stressing his medial compartment causes some pain and crepitation. X-rays showed tricompartmental degenerative arthritis with bone-on-bone medially and laterally. While the patient has ongoing left knee symptoms and positive radiographic findings of degenerative knee disorder, the records submitted for review did not contain comprehensive objective findings such as less than 90 degrees of motion and night pain to warrant a total knee arthroplasty. Also, there was no evidence in the medical reports submitted that the patient has exhausted conservative treatment such as physical therapy including a weight loss program prior to the proposed surgery. The patient was also noted to be overweight; however, recent BMI measurements were not submitted. In consideration of the foregoing issues and the referenced evidence-based practice guidelines, the medical necessity of the requested left total knee arthroplasty has not been established.”

**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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for left knee arthroplasty:**Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee & Legg Chapter, Knee joint replacement, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee & Legg Chapter, Knee joint replacement, which is not part of the MTUS.

Rationale for the Decision:

The requested left total knee arthroplasty would seem reasonable based on the information reviewed. The employee, according to the records has end stage arthritic change with “bone on bone” contact in the medial and lateral compartments. The employee has failed conservative treatment with medications, corticosteroid injection and viscosupplementation. The employee has examination findings consistent with arthritis with swelling, tenderness over the joint line and an antalgic gait. Additional conservative treatment would not be expected to be helpful given the severe end stage arthritis noted on the radiographs. There are no clear contra indications to knee replacement based on the information reviewed. The employee therefore would seem to be an appropriate candidate for a knee replacement based on the information provided. **The request for left knee arthroplasty 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,

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

/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.