

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	12/25/2005
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003729

- 1) MAXIMUS Federal Services, Inc. has determined the request **for left total knee replacement is 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 8/7/2013. 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 total knee replacement 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 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.

Expert Reviewer Case Summary:

The patient is a 47-year-old male who reported a work-related injury on 12/25/2005 as the result of a fall. On 03/14/2008, the patient underwent a left knee arthroscopy times 2 under the care of Dr. [REDACTED] in 2009 and 2010. However, the patient continued to report frequent pain to his left knee as well as clicking, popping and locking. The patient reported episodes of swelling to the knee, giving out of the knee and difficulty standing and ambulating for prolonged periods of time. Additionally, the patient reported that he was unable to kneel and squat. The patient reported difficulty ascending and descending stairs and ambulated with an uneven gait. The patient reported that his pain level varied throughout the day. The clinical note dated 09/06/2012 reports that the patient was seen for an Agreed Medical Re-Examination under the care of Dr. [REDACTED]. At that time, the provider documented that x-rays performed in clinic of the patient's left knee revealed evidence of advanced degenerative joint disease of the left knee medial femorotibial joint surface with approximately 1 mm of joint space of the left knee medial femorotibial joint surface versus 6 mm on the right. Dr. [REDACTED] additionally recommended the patient undergo a total knee arthroplasty as the patient had failed lower levels of conservative treatment for his left knee symptomatology to include injections, physical therapy, bracing, NSAIDs and activity modification. The clinical note dated 07/01/2013 reports that the patient was seen under the care of Dr. [REDACTED] for his left knee pain complaints. The provider documented that the patient's gait was antalgic on the left, and the patient was able to heel-toe walk normally. The provider documented that range of motion of the left knee was reported to be at 100 degrees of flexion and 5 degrees of extension. The patient had maximum tenderness upon palpation at the medial joint line. The patient had mild effusion and swelling. The provider reviewed x-rays performed in clinic which revealed bone-on-bone changes in the medial compartment of the patient's left knee. Dr. [REDACTED] documented that as the claimant had exhausted all lower levels of conservative treatment as well as surgical interventions for his left knee pain complaints, recommendation and support for a left knee total arthroplasty was rendered.

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
- Employee Medical Records from Claims Administrator and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request left total knee replacement:**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) (current version), Knee and Leg, Indications for Surgery – Knee Arthroplasty, which is not a 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) (current version), Knee and Leg, Indications for Surgery – Knee Arthroplasty.

Rationale for the Decision:

ODG Guidelines states criteria to be used for left knee total arthroplasty. The clinical documentation submitted for review evidences that the employee presents with significant limited range of motion to the left knee and no pain relief with conservative treatment to include a medication regimen, physical therapy interventions and injection therapies. X-rays of the employee's left knee revealed bone-on-bone changes to the medial compartment. Additional delay for this employee's requested surgical intervention would cause further collapse and could require a subsequent bone graft to the employee's left knee intraoperatively. The employee has met all criteria, aside from not being at least 50 years old. The request for left total knee replacement 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, 18th Floor
Oakland, CA 94612

/mbg

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.