

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/11/2013 |
| Date of Injury: | 7/23/2000 |
| IMR Application Received: | 7/26/2013 |
| MAXIMUS Case Number: | CM13-0003898 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for right total knee arthroplasty **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 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 right total knee arthroplasty **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.

Expert Reviewer Case Summary:

The patient is a 61-year-old male who reported a work-related injury on 07/23/2000; specific mechanism of injury is result of a fall. The patient is status post a right knee arthroscopy with severe chondromalacia and progressive degenerative joint disease per provider Dr. [REDACTED]. MRI of the right knee dated 06/19/2013, signed by Dr. [REDACTED], revealed (1) chronic complete tears of the ACL and PCL. (2) Diffuse degenerative type tearing maceration of the medial meniscus continuing also to involve the posterior root, peripheral medial meniscal subluxation was noted. (3) Diffuse degenerative type tearing maceration of the lateral meniscus continuing. (4) Grade IV medial compartment chondromalacia, grade IV lateral compartment chondromalacia and grade III to IV chondromalacia of the patella. (5) No significant knee joint effusion, small Baker's cyst, no distinct loose bodies identified in the synovial space was evidenced. The clinical note dated 06/26/2013 reports the patient was seen in clinic under the care of Dr. [REDACTED]. The provider documented the patient was last seen in 05/2013; however, the patient presents with continued increase in pain to the right knee and was seen again in clinic. The patient reports having locking, give way, pain, and swelling. The provider documented the patient was examined, and because of pain, a subsequent MRI was ordered of the knee, as well as cortisone injection was administered. The provider documented the patient reports the cortisone injection completely resolved the patient's pain for about 2 weeks; however, this has returned. The provider documents the patient utilizes Celebrex, ibuprofen, and Ambien, as well as Vicodin as needed for his pain complaints. The provider documented upon physical exam of the patient he is 5 feet 10 inches and weighs 325 pounds. The provider documents the patient ambulates with the assistance of a cane. The provider reported exam of the right knee revealed no effusion, ecchymosis, or soft tissue swelling. There was some patellofemoral crepitus with flexion and extension of the knee. There was evidence in the sitting position of trace effusion, synovial thickening, and bony thickening. Mild to moderate patellofemoral crepitus with flexion and extension of the knee were noted. With palpation there was pain distal medial and distal lateral and the femoral condyles. At the medial and lateral joint line there was no calf pain or tenderness noted. The patient had a negative Hoffman's for any DVT and no joint pain when compressing the joint and

rotating the foot. The provider documented range of motion of the right knee was at -8 degrees to 70 degrees. The left knee was 0 degrees to 90 degrees. The provider documented the patient was instructed on a home exercise program, followed by rest, ice, compress, and elevation. The provider documented based on imaging and the patient's physical exam findings, the patient required a total knee arthroplasty. The provider documented the patient had a progressive deterioration of his knee since his initial injury and subsequent meniscectomy. The provider documented the patient would be referred to a Dr. [REDACTED] who would perform the operative procedure.

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 right total 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), (current version), Indications for Surgery, Knee Arthroplasty, a medical treatment guidelines (MTG), 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 ODG (current version), Indications for Surgery, Knee Arthroplasty, a MTG, not part of the MTUS.

Rationale for the Decision:

Official Disability Guidelines indicate body mass index of less than 35 is recommended for patients who are surgical candidates for total knee arthroplasty, as increased BMI poses elevated risk for postoperative complications. The submitted and reviewed medical records lacked evidence of the employee's attempts at weight loss to support positive outcomes postoperatively. Additionally, the clinical notes document that the patient is 5 feet 10 inches and weighs over 325 pounds with a body mass index of over 47. The request for right total knee arthroscopy **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, 18th 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.