

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/19/2013
Date of Injury: 4/22/2012
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004164

- 1) MAXIMUS Federal Services, Inc. has determined the request for **off loading braces for the bilateral knees is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **RS-41 unit for the bilateral knees is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 4/22/2012. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **off loading braces for the bilateral knees is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **RS-41 unit for the bilateral knees 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 claimant is a 48-year-old gentleman who was injured in a work related accident on April 22, 2012 sustaining an injury to the bilateral knees.

Recent clinical progress reports include a recent Utilization Review report denying the need for off-loader braces to the knees bilaterally as well as use of an RS-4i unit for the bilateral knees stating lack of clinical support for long term efficacy of unloader braces as well as lack of use of an interferential device as an isolated intervention particularly in the setting of knee osteoarthritis.

The claimant is currently being treated for diagnoses of bilateral knee degenerative joint disease citing prior care including injectual therapy, viscosupplementation and previous surgical processes bilaterally in the form of arthroscopy, debridement and meniscectomy taking place in 2012.

Recent radiographs of May 21, 2013 reveal moderate narrowing of the medial portions of the knee on the right and "minimal" degenerative changes to the patella on the left. The claimant is also with the diagnosis of moderate advanced degenerative arthritis of the hip.

The last physical examination of July 15, 2013 revealed no effusion, moderate patellofemoral crepitation on the left greater than the right knee and no other significant findings. Current treatment has also included medication management.

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:



1) Regarding the request for off loading braces for the bilateral knees:

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, Knee and Leg Chapter, which is not a part of 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, Knee & Leg Chapter, Unloader braces for the knee and Knee brace, which is not a part of MTUS.

Rationale for the Decision:

The Official Disability Guidelines do not support the role of unloader bracing for the bilateral knees. While unloader bracing can be supported for advanced degenerative arthrosis to unload medial stress, the medical records provided for review lack the documentation of left knee advanced medial compartment disease that would necessitate bilateral bracing at present. **The request for off loading braces for the bilateral knees is not medically necessary and appropriate.**

2) Regarding the request for RS-41 unit for the bilateral knees:

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 Medical Treatment Utilization Schedule (MTUS), Chronic Pain chapter, Interferential Current Stimulation (ICS), and Neuromuscular electrical stimulation (NMES devices), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS), pg. 118, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines do not recommend the role of interferential stimulation as an isolated intervention with no quality literature to support its effectiveness except in combination with recommended treatments including return to work, exercise and medication management. Furthermore, there is no documentation of use of this device for significant benefit for the diagnosis of underlying degenerative joint disease. **The request for RS-41 unit for the bilateral knees 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

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.