

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	WC2011357440
Date of UR Decision:	7/1/2013
Date of Injury:	2/4/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004195

- 1) MAXIMUS Federal Services, Inc. has determined the request for right shoulder arthroscopy with lysis of adhesions and manipulation under anesthesia **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for right knee arthroscopy **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for pre-op medical clearance **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for post-op physical therapy three times a week for six weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 shoulder arthroscopy with lysis of adhesions and manipulation under anesthesia **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for right knee arthroscopy **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for post-op physical therapy three times a week for six weeks **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for post-op physical therapy three times a week for six weeks **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 47-year-old male who is noted to have reported an injury on 02/07/2011 due to cumulative trauma performing his job duties. A clinical note dated 07/09/2013 signed by Dr. [REDACTED] reported the patient complained of right shoulder pain rated 6/10 to 7/10, right wrist pain, right knee pain rated 6/10 to 7/10, left knee pain rated 5/10 to 6/10, and right ankle pain rated 5/10 to 6/10. He also reported that he had difficulty performing activities of daily living secondary to his pain. He reported his right knee and shoulder complaints are associated with clicking, popping, and giving way, and he reported the pain in his right shoulder and bilateral knees awoke him at night. He is noted to have received 2 cortisone injections to the bilateral knees and 1 to the right shoulder. On that date, active range of motion of the right shoulder was noted to be 150 degrees of flexion, 40 degrees of extension, 88 degrees of abduction, 35 degrees of adduction, 60 degrees of internal rotation, and 50 degrees of external rotation limited due to pain. The patient is reported to have a positive impingement test, Neer's test, and Hawkins' Kennedy test on the right. On physical examination of the bilateral knees, he is noted to have flexion of 110 degrees and extension of 0 degrees with range of motion limited by pain. He is noted to have positive patellofemoral grind test of the left

knee, positive McMurray's with internal rotation bilaterally, and external rotation is positive on the left. The patient is noted to have undergone a right rotator cuff repair on 03/23/2012. MRI of the left knee with and without contrast performed on 05/22/2013 noted (1) degenerative osteoarthritis in the form of reduced tibiofemoral joint space, marginal osteophytes, spiking of the tibial spine, and chondromalacia patellae; (2) with a small joint effusion with fluid extending into the suprapatellar bursa; (3) bone island seen in the lateral tibial condyle; (4) myxoid degeneration of the posterior horn and body of the lateral meniscus and anterior horn of the medial meniscus; (5) and a grade I medial collateral ligament sprain. A clinical note dated 08/08/2013 reported the patient continued to complain of right shoulder pain which he rated 8/10 and left knee pain which he rated 8/10. The patient also reported difficulty sleeping and is noted to have completed 35 sessions of physical therapy as of 03/03/2013. He is noted to have had 1 cortisone injection to his right shoulder and 2 cortisone injections to his bilateral knees. On range of motion of the right shoulder, he is noted to have 35 degrees of flexion, 30 degrees of extension, 90 degrees of abduction, 20 degrees of adduction, and 70 degrees of internal rotation and external rotation, with tenderness to palpation and pain and spasms produced on flexion and abduction of the right shoulder. The patient is noted to have 4-/5 strength in shoulder abductors and 3-/5 strength of the shoulder flexors. The patient is noted to have crepitus of the bilateral knees with tenderness to palpation of the medial lateral joint line of the right knee. Range of motion of the right knee was 112 degrees of flexion to 0 degrees of extension. The patient is noted to have 4/5 strength of the bilateral knee extensors and flexors.

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 (dated 7/29/13)
- Utilization Review Determination from Chubb Services (7/1/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right shoulder arthroscopy with lysis of adhesions and manipulation under anesthesia:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pgs.204, 210-211, which is part of the MTUS, and the Official Disability Guidelines (ODG), indications for surgery, Rotator cuff repair, which is not part of the MTUS.

The Expert Reviewer based his decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Surgical Considerations, pages 209-211, which is part of the MTUS and the Official Disability Guidelines, Shoulder (Acute & Chronic) Chapter, Manipulation under anesthesia (MUA), which is not part of the MTUS.

Rationale for the Decision:

The California MTUS Guidelines recommend surgery to the shoulder for activity limitations for more than 4 months, plus existence of a surgical lesion on imaging studies and clinical exam that has been shown to benefit in both the short and long term from a surgical repair. The California MTUS Guidelines do not address manipulation under anesthesia and lysis of adhesions. The Official Disability Guidelines state that manipulation under anesthesia and lysis of adhesions are recommended as treatment for diagnosis of adhesive capsulitis when the range of motion remains significantly restricted with abduction of less than 90 degrees, and after conservative care for at least 3 months to 6 months. The medical records submitted do not document that the employee has undergone any recent conservative care and there is no documentation of findings of adhesions on any imaging studies. The request for a right shoulder arthroscopy with lysis of adhesions and manipulation under anesthesia **is not medically necessary and appropriate.**

2) Regarding the request for right knee arthroscopy:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, no section cited, page 343, which is part of the MTUS, the Official Disability Guidelines (ODG), Arthroscopy, Knee, which is not part of the MTUS, Colorado Guidelines regarding surgical Interventions, Surgical Interventions, which is not part of the MTUS, and www.surgeryencyclopedia.com/Fi-La/Knee-Arthroscopic-Surgery.html, which is not part of the MTUS.

The Expert Reviewer based his decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), Surgical Considerations, page 343, which is part of the MTUS.

Rationale for the Decision:

Neither the California MTUS nor ACOEM recommend arthroscopic treatment of osteoarthritis. Arthroscopic surgery provides no additional benefits compared to optimized physical and medical therapy. A review of the MRI studies submitted, reported findings of bone on bone osteoarthritis of the right knee in the tibial femoral compartment. The California MTUS Guidelines also state “that arthroscopy and meniscal surgery may not be equally beneficial in patients who are exhibiting signs of degenerative changes.” Further review of the MRI reported myxoid degeneration in the posterior horn and body of the lateral meniscus and anterior horn of the medial meniscus as well. The request for surgery does not meet the guideline recommendations; therefore the request for a right knee arthroscopy **is not medically necessary and appropriate.**

3) Regarding the request for pre-op medical clearance :

Since the right shoulder arthroscopy with lysis of adhesions and manipulation under anesthesia and the right knee arthroscopy are not medically necessary, none of the associated services are medically necessary and appropriate.

4) Regarding the request for post-op physical therapy three times a week for six weeks:

Since the right shoulder arthroscopy with lysis of adhesions and manipulation under anesthesia and the right knee arthroscopy are not medically necessary, none of the associated services are 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

/db

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.

Chubb Services
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