
Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 5/7/2007
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0004670

- 1) MAXIMUS Federal Services, Inc. has determined the request for orthopedic follow up visits **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar spine MRI to include T12 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for left knee MRI **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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 orthopedic follow up visits **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a lumbar spine MRI to include T12 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a left knee MRI **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 injury on 05/07/2007 with a mechanism of injury stated to be the patient was moving a stove at work. The patient has been noted to be treated for knee pain, chronic pain, lumbar radiculitis, lumbar degenerative disc disease, depression, GERD, low back pain, and a persistent disorder of initiating or maintaining sleep. The patient was noted to have an X-ray of the left knee on 02/23/2013 and it was compared to the left knee of 07/18/2011. Official read per [REDACTED] MD revealed the following, no fracture seen within the left knee. The bony alignment and spacing is maintained. The soft tissues were unremarkable. No evidence of joint effusion. The most recent primary treating progress note dated 06/21/2013 revealed the patient was in the office for chronic knee pain. The patient's knee was noted to have given out 06/20/2013 while the patient was outside his house and he landed on his back. The patient was noted to be seen at [REDACTED] ER and a lumbar CT scan showed a T12 compression fracture (minimal anterior wedging) with less than 10% loss of height. The patient's knee was noted to have given out multiple times. The patient was noted to have tenderness to palpation on the medial femoral condyle, medial tibial plateau, tibial tuberosity, and the medial joint line. The patient's range of motion in flexion was 130 degrees, which is a slight deviation from normal. The patient was noted to have a positive McMurray's test. The lumbar spine revealed tenderness to palpation at the thoracolumbar junction and the thoracic paraspinal muscles, the distal aspect of the lumbar spine and the distal aspect of the lumbar paraspinal muscles.

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 Adjuster
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for orthopedic follow up visits :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the ACOEM for Independent Medical Examinations and Consultations regarding referrals, Chapter 7, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), Surgical Considerations, page 343-345, which is part of the MTUS.

Rationale for the Decision:

MTUS/ACOEM Guidelines state that the referral for a surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Clinical documentation reviewed indicated that the employee had ongoing knee pain and instability with the report of multiple falls in the past year. The employee was noted to have tenderness to palpation on the medial femoral condyle, medial tibial plateau, tibial tuberosity, and the medial joint line, with a range of motion upon examination of 130 degrees in flexion, which is a slight deviation from normal. The employee was noted to have a positive McMurray's test. **The request for orthopedic follow up visits is medically necessary and appropriate.**

2) Regarding the request for a lumbar spine MRI to include T12 :

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), Knee and Leg Chapter, Magnetic Resonance Imaging (MRI) Section, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pages 303-305, which is part of the MTUS.

Rationale for the Decision:

MTUS/ACOEM Guidelines recommend MRIs or special studies after the physician has identified specific nerve compromise on neurologic examination. The physical examination dated 06/21/2013 revealed the employee had

tenderness to palpation at the thoracolumbar junction, thoracic paraspinal muscles, the distal lumbar spine, and the distal paraspinal muscles; however, it failed to include radicular symptoms that are consistent with radiculopathy and it failed to indicate the employee has undergone adequate conservative care for this injury. The clinical documentation submitted for review fails to provide objective findings of nerve compromise upon examination. Additionally, the documentation failed to provide a copy of the official read of the CT scan and failed to support the necessity for additional imaging. **The request for a lumbar spine MRI to include T12 is not medically necessary and appropriate.**

3) Regarding the request for a left knee MRI :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the ODG, Knee and Leg Chapter, MRI Section, which is not part of the MTUS.

The Expert Reviewer found the Knee Complaints Chapter, (ACOEM) Practice Guidelines, 2nd Edition (2004), Chapter 13, pages 341-343, and 346-347, which is part of the MTUS.

Rationale for the Decision:

CA MTUS/ACOEM state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The official copy of the X-ray dated 02/23/2013 revealed the employee's study was normal. The employee had a positive McMurray sign and a normal X-ray. However, the clinical information submitted for review did not detail the employee has been provided and failed an adequate period of conservative care to meet CA MTUS/AOCCEM guideline criteria for the requested imaging. **The request for a left knee MRI 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
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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.