

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/16/2013
Date of Injury: 4/27/2010
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0004681

- 1) MAXIMUS Federal Services, Inc. has determined the request for ultrasound of the right knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for ESR'Hepatic panel 'Chem 25'CRP'CBC **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 ultrasound of the right knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for ESR, hepatic panel, chem 25, CRP, CBC **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 Occupational Medicine 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:

Patient is a 30 year old male with a dol of 4/27/10 who complains of continued back pain 8/10 in the back, constant similar pain in hteh knee aggravated by walking and standing. He reports the knee feels stuck at times and intermittently swells. The patient has tenderness over the anteriorlateral joint line, positive appleys and painful McMurrays. The patients diagnosis was knee sprain, knee capsulitis and low back pain. The patient has had previous surgery on his knee in 2007 and 2011. He is taking naproxen, omeprazole, Topamax and lortab. His last imaging of the knee was and MRI in 2010.

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 ultrasound of the right knee:

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.

The Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

MTUS refers to ACOEM for knee complaints. ACOEM does not acknowledge ultrasound as an applicable diagnostic tool for evaluating knee pathology. The documents do not show a specific reason or need for ultrasound except to examine superficial sites of inflammation. The provider does not provide any evidence in the subjective or objective findings to show the possibility of superficial inflammation (such as thrombophlebitis). **The request for ultrasound of the right knee is not medically necessary and appropriate.**

2) Regarding the request for ESR, hepatic panel, chem 25, CRP, CBC:

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.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, NSAIDS, adverse effects, pg. 70, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

MTUS chronic pain guidelines address adverse effects of NSAIDS on page 70. They recommend CBC chemistry profiles and hepatic function tests to evaluate medication use. They do not refer to ESR or CRP. These tests are markers of inflammation used in connective tissue disease, certain infections and neoplastic disease. There was no evidence the employee has any of these conditions, nor did the provider give any note of a specific condition or syndrome he was concerned about. This test would not be used for evaluation of medications and is not in CA MTUS. **The request for ESR, hepatic panel, chem 25, CRP, CBC 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

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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.