

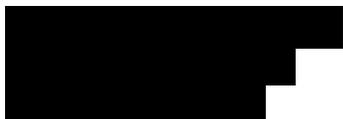
MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/6/2013



Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	2/27/2001
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004987

- 1) MAXIMUS Federal Services, Inc. has determined the request for an assistant surgeon **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for three day inpatient stay **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 Mupirocin two percent 22g ointment applied to the inside nostril BID for five days before surgery **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for total left knee replacement **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 an assistant surgeon **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for three day inpatient stay **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 Mupirocin two percent 22g ointment applied to the inside nostril BID for five days before surgery **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for total left knee replacement **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 66-year-old female who reported a work related injury on 2/27/2001 as the result of being struck on the back by a machine. The clinical notes evidence the patient's current medication regimen includes Norco 10/325, Terocin cream, and naproxen. The patient is status post a total right knee arthroplasty as of 2006 and left knee arthroscopy in 2006. The clinical note dated 1/19/2013 reports the patient was seen for follow-up under the care of Dr. [REDACTED]. The provider documents the patient continues to present with complaints of pain to the bilateral knees described as throbbing. The provider documents the patient reports difficulty ambulating. Range of motion to the left knee was noted at 8 degrees to 105 degrees of flexion. The provider documented tenderness upon palpation of the medial joint space and positive effusion were evidenced to the left knee. No significant ligament laxity was evidenced. The provider documented discussing treatment options for the patient including a left total knee arthroplasty. The provider documented a refill of the patient's medication regimen including Norco and Terocin. The clinical note dated 4/4/2013 reports a follow-up with the provider, Dr. [REDACTED], for the patient's pain complaints. The provider documents the patient continues with range of motion the left knee at 8 degrees to 105 degrees,

crepitus to the left knee and no instability were evidenced. Refill of medications was noted including Norco, naproxen, and Terocin. The provider documented the patient required recent updated x-rays of the bilateral knees.

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 an assistant surgeon:

Since the primary procedure is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.

2) Regarding the request for three day inpatient stay:

Since the primary procedure is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.

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

Since the primary procedure is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.

4) Regarding the request for Mupirocin two percent 22g ointment applied to the inside nostril BID for five days before surgery:

Since the primary procedure is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.

5) Regarding the request for total left knee replacement:

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), Online Version, Indications for Surgery – Knee Arthroplasty, which is 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 Official Disability Guidelines (ODG), Online Version, Indications for Surgery – Knee Arthroplasty, which is not part of the MTUS.

Rationale for the Decision:

The ODG indicate specific criteria prior to the requested surgical intervention include documentation of recent conservative care, imaging study evidence of pathology, and documentation of the patient's body mass index. The clinical notes submitted for review lack evidence of the employee's body mass index and evidence of official imaging studies of the left knee to support the request. In addition, the documentation does not include evidence of recent physical therapy and failed injections to support the request for a left total knee replacement at this point in the employee's treatment. The records submitted for review lack documentation of imaging of the employee's left knee and documentation of recent conservative cares utilized for the employee's left knee pain complaint. **The request for total left knee replacement 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

/sab

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.