

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	11/11/1998
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005167

- 1) MAXIMUS Federal Services, Inc. has determined the request for **total knee replacement is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **inpatient stay times three days 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 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 **total knee replacement** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **inpatient stay times three days** 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 69-year-old male who reported an injury on 11/11/1990. Primary treating physician's progress report dated 08/27/2012 stated that the patient had left knee pain rated at a 3/10 that was exacerbated to a 7/10 with activity. It was noted that an x-ray revealed tricompartmental wear. The patient was prescribed Naprosyn and Vicodin. Primary treating physician's progress report dated 03/13/2013 stated that the patient had a 90% decrease in pain with the shot. Physical findings included range of motion described as -2 degrees to 130 degrees. Total knee replacement was requested.

### **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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

## 1) Regarding the request for total 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), Knee Replacement and Indications for Surgery, 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 (ODG) Knee and Leg Chapter, Indications for surgery-Knee arthroplasty, which is not a part of MTUS.

### Rationale for the Decision:

The Official Disability Guidelines recommend consideration of a total knee replacement when conservative care to include exercise therapy and medications has failed to treat the employee's symptoms. The clinical documentation submitted for review does indicate that the employee's pain was responding to viscosupplementation. Additionally, exercise therapy was not addressed within the clinical documentation. Guidelines recommend subjective clinical findings to include limited range of motion, less than 90 degrees, and night time joint pain and documentation of functional limitations demonstrating the necessity of intervention. The clinical documentation submitted for review does not provide evidence that the employee's range of motion is less than 90 degrees and that the employee is experiencing nighttime joint pain. Additionally, there is no documentation of functional limitations due to the employee's symptoms. Guidelines recommend objective findings include the individual over the age of 50 with a body mass index of less than 35. Although the employee is over 50 years of age there is no evidence of a body mass index being evaluated. Guidelines also recommend imaging studies/previous arthroscopy to support the need for surgical intervention. There were no imaging studies provided for review to support the need for surgical intervention at this time. **The request for Total knee replacement is not medically necessary and appropriate.**

## 2) Regarding the request for Inpatient stay times three days:

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**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, 18<sup>th</sup> 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.