



Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/23/2013

8/11/2010

8/1/2013

CM13-0005634

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left knee meniscectomy is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **debridement is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **lateral retinacular release is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **pre-operative CBC, SMA-7 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **post-operative physical therapy for six (6) visits is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **crutches is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **long leg immobilizer is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/20/2013. 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 **left knee meniscectomy is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **debridement is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **lateral retinacular release is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **pre-operative CBC, SMA-7 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **post-operative physical therapy for six (6) visits is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **crutches is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **long leg immobilizer 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 51-year-old female who reported an injury on 08/02/2012 to her low back, left knee, left hand, and right elbow. On 12/13/2013, a maximum medical improvement report by her primary treating physician at that time Dr. [REDACTED] reported that the patient's initial complaint was constant left elbow pain rated 10/10 which was a burning sensation. The patient was noted at that time to continue to have slight pain of the elbow with activity. She is noted to have undergone x-rays, medication, 12 sessions of physical therapy and a cortisone injection to the left elbow. The patient was referred for an MRI of the left elbow and completed additional 6 sessions of physical therapy reported did not make her feel any better. The patient is noted at that time to have

undergone a second injection to the left elbow and was reported at that time to have been placed at maximum medical improvement for her left elbow and was given a future medical care was indicated to have access to followup visits treatment with medication injections and short courses of therapy. On 02/12/2013, the patient underwent an examination by Dr. [REDACTED] for an orthopedic evaluation. At that time, the patient is reported to complain of pain in the left knee increased with weight bearing and climbing stairs with occasional swelling of the left knee and marked pain in the lower back increased with bending, lifting and stooping activities with being unable to sit or stand in one position for long periods of time because of the low back pain and noted difficulty sleeping because of her lower back pain. On examination of the left knee she was limping because of left knee pain. There was localized pain over the medial femoral condyle and medial joint line. The patient had a positive patellar insufficient test and grind test with 2+ swelling of the left knee. She was unable to kneel or squat on the left lower extremity. Left knee extension was -5 and flexion was 105 degrees. X-rays of the left knee performed on that date were reported to demonstrate narrowing of the medial compartment with osteophyte formation. The clinical note dated 04/12/2013 reported that the patient had undergone an MRI of the left knee on 03/25/2013 which documented decreased signal changes in the posterior aspect of the medial meniscus also signal changes in the anterior and posterior horns of the lateral meniscus. MRI is also reported to document patellofemoral chondromalacia mainly on the medial side with specific changes and an osteochondral lesion. The patient is noted to have undergone a steroid injection to the left knee made for a meniscectomy debridement and lateral retinacular release. On 07/10/2013, Dr. [REDACTED] saw the patient again. The patient is noted to continue to complain of left knee pain. She was reported to have utilized a cane, unable to squat or kneel and had pain with sitting. She had recurrent swelling of the left knee. She had well localized severe pain on patellofemoral movement and at the medial joint line positive inhibition test and positive patellar grind test. She was noted to have synovitis with crepitation a positive patellar apprehension test, positive McMurray's sign and medial joint line pain and recurrent 3+ to 4 effusion and lacked range of motion with extension of 15 degrees and flexion of 150 degrees her complaints of buckling and clicking persisted.

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 left knee meniscectomy:

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM guidelines, page 343, which is a part of MTUS and the Official Disability Guidelines, Knee Chapter, Meniscectomy, which is not a part of MTUS.

The Expert Reviewer based his/her decision on Knee Complaints (Surgical Considerations) Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), Surgical Considerations, Meniscus Tears, pg. 344-345, which is a part of MTUS.

Rationale for the Decision:

The employee reported an injury to the low back, left knee, left hand, and right elbow on 08/02/2012. The reviewed medical records indicate the employee was noted to initially complain of severe left elbow pain but was treated conservatively with epicondyle steroid injections and physical therapy and to have improvement. The employee was noted to continue to complain of ongoing left knee and lower back pain. On 02/12/2013, the employee was noted to be limping and had well localized pain of the medial femoral condyle and medial joint line positive patellar inhibition test and grind test 2+ swelling of the knee and decreased range of motion of the knee. The records indicate a positive McMurray's test. X-rays of the left knee noted narrowing of the medial compartment with osteophyte formation. The records indicate the employee had an MRI of the left knee on 03/25/2013 revealing tearing of the medial meniscus and anterior posterior horns of the lateral meniscus and patellofemoral chondromalacia mainly on the medial side with specific changes in the osteochondral lesion. The MTUS Guidelines recommend an arthroscopic partial meniscectomy for symptoms other than just simply pain including locking, clicking, popping, giving way, recurrent effusion clear signs of a bucket handle tear on physical exam and consistent findings on MRI. The medical records provided for review indicate the employee is noted to have consistent complaints of buckling and clicking of the knee and noted recurrent swelling and to have a positive McMurray's sign and tenderness over the medial joint line. The employee is reported to have undergone an MRI; however, the MRI was not submitted for review to support the requested surgery. As such, the request for a left knee meniscectomy does not meet guideline recommendations. **The request for left knee meniscectomy is not medically necessary and appropriate.**

2) Regarding the request for debridement:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence based guidelines.

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

Rationale for the Decision:

The employee reported an injury to the low back, left knee, left hand, and right elbow. The reviewed medical records note complaints of left knee pain with ongoing weakness, buckling and clicking. A physical examination noted positive patellar grind and swelling of the left knee, and pain was reported to increase

with weight bearing and climbing stairs. There was reported marked pain well localized over the medial femoral condyle and medial joint line positive patellar inhibition and grind test 2+ swelling of the knee. The employee reported to be unable to kneel or squat. Left knee range of motion was reported to be decreased and a positive grind test was noted. The medical records submitted for review indicate the employee was reported to have undergone an MRI of the left knee which was noted to show findings of a patellofemoral chondromalacia with an osteochondral defect. The California MTUS Guidelines state although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been proved and its efficacy is questionable. Severe patellar degeneration presents a problem not easily treated by surgery. As such, the requested debridement does not meet California MTUS Guidelines. **The request for debridement is not medically necessary and appropriate.**

3) Regarding the request for lateral retinacular release:

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), Lateral Retinacular Release and Current Concepts Review: Patellar Instability. Journal of Bone and Joint Surgery, December 2008, Volume 90-A Number 12, pages 2751-2762. Alexis Chiang Colvin, MD and Robin West, MD, which are not part of the MTUS.

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

Rationale for the Decision:

The employee reported an injury to her low back, left knee, left hand, and right elbow on 08/02/2012. The records indicate complaints of ongoing left knee pain with reports of swelling and is reported to complain of buckling and clicking of the knee. The employee was noted to have treated conservatively with physical therapy and steroid injection. A physical examination revealed severe pain with patellofemoral movement at the medial joint line positive patellar inhibition test positive patellar grind test positive patellar apprehension test synovitis with crepitation, the employee was unable to kneel or squat because of the joint pain and positive McMurray's sign was noted. The records document recurrent 3+ to 4 effusion range of motion was reported to be decreased. The records indicate the employee had an MRI of the left knee on 03/25/2013 revealing tearing of the medial meniscus and anterior posterior horns of the lateral meniscus and patellofemoral chondromalacia mainly on the medial side with specific changes in the osteochondral lesion. The California MTUS Guidelines state that lateral arthroscopic releases are indicated in cases with recurrent of the patella, but surgical realignment of the extensor mechanism may be indicated in some patients. According to the medical records provided, there is no documentation of recurrent subluxation of the patella, the need for a retinacular release is not

established and does not meet guideline recommendations. **The request for lateral retinacular release is not medically necessary and appropriate.**

4) Regarding the request for pre-operative CBC, SMA-7:

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

5) Regarding the request for post-operative physical therapy for six (6) visits :

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

6) Regarding the request for crutches:

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

7) Regarding the request for long leg immobilizer:

Since the surgical 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, 18th 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.