

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	1/18/2007
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005999

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right total knee replacement** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **preoperative internal medicine evaluation and clearance** 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 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 **right total knee replacement is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **preoperative internal medicine evaluation and clearance 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 50-year-old female who reported an injury on 01/18/2007. A clinical note signed by Dr. [REDACTED] dated 03/22/2012 noted the patient complained of right knee and calf pain that wakes her up at night increased with walking and weight bearing and decreased with cane use. She complained of compensatory on and off flare ups involving the bilateral feet and left knee and the symptoms increased with stair climbing, lifting, and carrying. She is noted to utilize Ultram 2 times a day which decreased her pain from 8/10 to 5/10 and Anaprox 2 times per day which decreases her pain and swelling. She denied any adverse effects from her medications. The patient is noted to have undergone a left knee arthroscopy in 07/2007. Examination of the right knee reports postoperative changes, slight diffuse swelling and tenderness to palpation over the medial greater than the lateral joint line and patellofemoral region, range of motion of the right knee was flexion of 85 degrees, extension of 0 degrees with crepitus present on range of motion, McMurray's testing elicited increased pain, patellofemoral compression and grind tests were positive, there was grade 4/5 weakness on flexion and extension and the patient ambulated with a limp favoring her left lower extremity. A post arthrogram MRI performed on 03/13/2013 noted the patient was status post partial medial meniscectomy with evidence of a degenerative re-tear in the posterior horn extending to the posterior medial meniscal root with marked extrusion, complete denudation of the articular cartilage in the medial compartment of the knee with diffuse thinning of the articular cartilage over the patella and irregularity of the cartilage in the femoral trochlea with associated subchondral eburnation and reactive marrow edema, there was mild diffuse degeneration of the anterior cruciate ligament without evidence of ACL tear, and there was scarring in the Hoffa's pad related to prior instrumentation.

Clinical note signed by Dr. [REDACTED] dated 04/25/2013 reported the patient reported she had been off work and noted her knee most recently had progressively become more painful causing her severe dysfunction and noting she had had to use a cane. The pain was mostly over the medial and posterior side. She is noted to have a history significant for seizure disorders. On physical examination, she was noted to have a severely antalgic gait and could not step up or down from a small step stool. The patient had a small effusion. Palpation reveals soft tissue swelling, 3 degrees of varus deformity, tenderness to palpation of the anterior posterior side with palpable posterior swelling, patellofemoral had slight crepitus and the medial compartment had significant tenderness. Range of motion of the right knee was restricted from 0 to 120 degrees, quadriceps strength was 4/5. Diagnostic x-rays performed on that date noted the medial compartment showed significant joint line narrowing measuring 1 mm with a large marginal osteophyte off the medial femoral condyle and there was narrowing the patellofemoral joint. Clinical note dated 09/03/2013, signed by Dr. [REDACTED] reported the patient had failed conservative treatment over several years and now had a severe weight bearing impairment with walking limited to 1 to 2 blocks after which she must sit and rest.

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 right 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, Indications for Surgery – Knee arthroplasty, which is 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), Knee & Leg (Acute & Chronic) Chapter, Indications for Surgery – Knee arthroplasty, which is not part of the MTUS.

Rationale for the Decision:

The employee reported an injury to the knees on 01/18/2007. The submitted and reviewed medical records indicate a previous left knee arthroscopy for a medial meniscectomy in 2007. The records report complaints of ongoing, increasing knee pain with difficulty in ambulation requiring use of a cane. There is tenderness to palpation over the mediolateral joint line and the peripatella area with crepitus present and positive patellofemoral compression and grind test and limited range of motion with flexion to 80 degrees and extension to 0 degrees and 4/5 muscle strength in flexion and extension. An MR arthrogram was performed on 03/13/2013 which noted a complete denudation of the articular cartilage in the medial compartment with diffuse thinning of the articular cartilage over the patella and the femoral trochlea associated subchondral eburnation and reactive marrow edema; and had tricompartmental marginal osteophytes. A request was submitted for a total knee arthroplasty. The Official Disability Guidelines recommend a total knee arthroplasty after conservative treatment consisting of exercises, NSAIDS, viscosupplementation, or steroid injections with subjective findings of complaints of limited range of motion, nighttime joint pain, and no pain relief with conservative treatment and documentation of current functional limitations demonstrating the necessity of the intervention with a body mass index of less than 35 and imaging findings and/or arthroscopy show findings of significant chondral clear space in at least 1 of 3 compartments with a varus or valgus deformity and indication for additional strength. In this case, the employee is noted to have been treated conservatively with exercises and medications. There are reports of limited range of motion, night pain, and no pain relief with conservative care. The records indicate the employee utilizes a cane for ambulation and is unable to ambulate more than 1 to 2 blocks without sitting and resting. The employee is noted to have a BMI of 37.5. There is no documentation the employee had undergone a trial of cortisone or viscosupplementation injections. **The request for right total knee replacement is not medically necessary and appropriate.**

2) Regarding the request for preoperative internal medicine evaluation and clearance :

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, 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.