MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/11/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/2/2013
Date of Injury:	9/4/2011
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006853

1) MAXIMUS Federal Services, Inc. has determined the request for **arthroscopy, knee, surgical; with meniscectomy is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **arthroscopy, knee, surical; debridement/shaving of articular cartilage is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **arthroscopy, knee, surgical; with lateral release is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **post-op PT 2 times a week for 6 weeks, 12 visits is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for **Keflex 500mg #4 is not medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for **Zofran 4mg #10 is not medically necessary and appropriate.**

7) MAXIMUS Federal Services, Inc. has determined the request for **Ibuprofen 600mg #90 is not medically necessary and appropriate.**

8) MAXIMUS Federal Services, Inc. has determined the request for **Colace 100mg #10 is medically necessary and appropriate.**

9) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin 5-500mg #30 is not medically necessary and appropriate.**

10) MAXIMUS Federal Services, Inc. has determined the request for **Vitamin C 500mg #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 **arthroscopy, knee, surgical; with meniscectomy is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **arthroscopy, knee, surical; debridement/shaving of articular cartilage is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **arthroscopy, knee, surgical; with lateral release is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **post-op PT 2 times a week for 6 weeks, 12 visits is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for **Keflex 500mg #4 is not medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for **Zofran 4mg #10 is not medically necessary and appropriate.**

7) MAXIMUS Federal Services, Inc. has determined the request for **Ibuprofen 600mg #90 is not medically necessary and appropriate.**

8) MAXIMUS Federal Services, Inc. has determined the request for **Colace 100mg #10 is medically necessary and appropriate.**

9) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin 5-500mg #30 is not medically necessary and appropriate.**

10) MAXIMUS Federal Services, Inc. has determined the request for Vitamin C 500mg #60 **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:
This claimant is a 29-year-old male with complaints of knee pain. On 09/04/2012, he was seen in clinic. It was noted then that he was a police officer and had chronic knee pain with chronic patellar tendinitis and tendinosis aggravated by his industrial injury. It was noted he had received extensive treatment including physical therapy and had been compliant with a home exercise program. He continued to be symptomatic despite ice to his knee and physical therapy. Compared to his right knee, his left knee feels weaker and fatigued. He has poor quadriceps control and occasionally buckling of his knee. Platelet enriched plasma injection had been requested previously. Medications at that time included Zofran, Percocet, and ibuprofen. Upon examination, he had 0 to 140 degrees of range of motion to his knee with significant proximal tibial torsion. His Q angle was increased at 20 degrees. His patellar tendon was exquisitely tender to palpation but there was no significant patellofemoral crepitus. The previous MRI was reviewed showing a shallow trochlea with increased tibial tubercle to trochlear groove distance and patellar tendinosis. Plan was to consider arthroscopy with lateral retinacular release and medialization of the tibial tubercle along with an osteotomy. On 04/29/2013, an arthrogram of the left knee was performed. This exam revealed an MRI followed that arthrogram which revealed severe patellar tendinosis, progressed since the previous exam of 11/03/2011. There was also a medial plica which crossed into the inferior aspect of the patellofemoral compartment which was similar in appearance compared to the previous exam of 11/03/2011. He had intact bones, ligaments, tendons, and menisci to the left knee. On 07/22/2013, he was seen back in clinic. On physical exam, his left knee range of motion was 0 to 140 degrees. He had no patella instability or apprehension at that time. He has mild to moderate patellofemoral crepitation and he had anteromedial and anterolateral joint line tenderness, primarily anterolateral. The knee was stable to anterior posterior and mediolateral stress and McMurray's test was negative. X-rays of his left knee revealed minimal arthritic changes of the knee. On 08/01/2013, Notice of Notification for Requested Services including arthroscopy of the knee with meniscectomy, debridement, and shaving of retinacular cartilage, lateral release, postop PT, Keflex, Zofran, ibuprofen, Colace, Vicodin and vitamin D was submitted. The requested services were non-certified. On 08/02/2013, an Appeal Letter was submitted by [redacted], MD, appealing the non-certification for the requested services.

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 [redacted]
- Medical Records from Employee/Employee Representive
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for arthroscopy, knee, surgical; with meniscectomy:

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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, page 343. The Claims Administrator also cited the Official Disability Guidelines, Knee Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pgs. 343-345, which is part of the MTUS.

Rationale for the Decision:
The MTUS/ACOEM Guidelines indicate that arthroscopic partial meniscectomy be considered but surgical consideration should be given after failure of exercise programs to increase range of motion and strength of the musculature around the knee, and there should be documentation of activity limitation for more than 1 month. The guidelines further indicates that patients suspected of having meniscal tears but without progression or severe activity limitation can be encouraged to live with symptoms to retrain the progression the protective effect of the meniscus. The medical records provided for review indicate that the employee has zero (0) to 140 degrees of range of motion of the left knee without a positive McMurray's sign. In addition, the request is nonspecific for which knee is to be operated on. **The request for arthroscopy, knee, surgical; with meniscectomy is not medically necessary and appropriate.**

2) Regarding the request for arthroscopy, knee, surical; debridement/shaving of articular cartilage:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence-based criteria for its decision.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pgs. 343-345, which is part of the MTUS.

Rationale for the Decision:
The MTUS/ACOEM Guidelines indicate that surgical considerations may be given but there should be documentation of failure of exercise programs to increase range of motion and strength of the musculature around the knee. The medical records provided for review indicate that indicates that the employee has 0 to 140 degrees of range of motion of the left knee, has no patella instability or apprehension, and has

McMurray's sign that is negative. Plain radiographs of the left knee revealed minimal arthritic changes of the knee, and there was lack of documentation on the MRI arthrogram to indicate there are chondral deficits indicating that no chondral defect is appreciated. **The request for arthroscopy, knee, surgical; debridement/shaving of articular cartilage is not medically necessary and appropriate.**

3) **Regarding the request for arthroscopy, knee, surgical; with lateral 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), which is not part of the MTUS. The Claims Administrator also cited the Postsurgical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pgs. 343-345, which is part of the MTUS.

Rationale for the Decision:
The MTUS/ACOEM Guidelines indicate that lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella but surgical realignment of the extensor mechanism may be indicated in some patients. The guidelines also indicates that surgical considerations may be given after failure of exercise programs to increase range of motion and strength of the musculature around the knee. The medical records provided for review did not provide physical therapy notes to objectively document failure of conservative measures in that format. The medical records also indicate that the employee has 0 to 140 degrees of range of motion at the last clinical exam, and that the MR arthrogram indicates that the patellofemoral alignment is normal. There is lack of objective evidence indicating the medical necessity for this request. **The request for arthroscopy, knee, surgical; with lateral release is not medically necessary and appropriate.**

4) **Regarding the request for post-op PT 2 times a week for 6 weeks, 12 visits:**

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

5) **Regarding the request for Keflex 500mg #4:**

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 www.medicinenet.com.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pgs 47-48, which is part of the MTUS, and the PDR MTUS/ACOEM, initial treatment.

Rationale for the Decision:
MTUS/ACOEM indicates that physicians should discuss the efficacy of medication for the particular condition, if side effects, and any other relevant medication with the patient to ensure proper use and again, to manage expectations. Official Disability Guidelines do not specifically address this issue but PDR indicates that Keflex is in a group of drugs called cephalosporin antibiotics. It is used to treat infections caused by bacteria, including upper respiratory infections, ear infections, skin infections, and urinary tract infections. The submitted records fail to indicate this employee has a current infection at this time. The surgical intervention has not been considered medically necessary and therefore this request would not be considered reasonable for preop or postop prophylaxis of an infection. **The request for Keflex 500mg #4 is not medically necessary and appropriate.**

6) **Regarding the request for Zofran 4mg #10:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence-based criteria for its decision.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pgs 47-48, which is part of the MTUS, and the Official Disability Guidelines (ODG) medication chapter, which is not part of the MTUS.

Rationale for the Decision:
The MTUS/ACOEM Guidelines indicate that that physicians should discuss the efficacy of medication for the particular condition, if side effects, and any other relevant information with the patient to ensure proper use and again, to manage expectations. The medical records provided for review fail to indicate that the employee has any current nausea and vomiting that would need to be controlled with this medication. The records fail to indicate that the employee is postop, and to include documentation to support the requested surgical intervention at this time. **The request for Zofran 4mg #10 is not medically necessary and appropriate.**

7) **Regarding the request for Ibuprofen 600mg #90:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence-based criteria for its decision.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pgs 47-48, which is part of the MTUS.

Rationale for the Decision:
The MTUS/ACOEM Guidelines indicate that nonsteroidal anti-inflammatory drugs (NSAIDs) including aspirin and ibuprofen can be effective although they cause gastrointestinal irritation or ulceration, or less commonly renal or allergic problems.

The guidelines also indicate that they should be used only acutely. The medical records provided for review document that the employee has been on this medication for a significant length of time. The medical records fail to indicate laboratory analysis to show that this drug is not causing renal or liver issues, and that the employee is not having liver or kidney issues. **The request for ibuprofen 600mg #90 is not medically necessary and appropriate.**

8) **Regarding the request for Colace 100mg #10:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence-based criteria for its decision.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pgs 47-48, which is part of the MTUS, and the Chronic Pain Medical Treatment Guidelines Opioids, page 77, which is part of the MTUS.

Rationale for the Decision:
The Chronic Pain Guidelines indicate that prophylactic treatment of constipation should be initiated for patients on opiate medications. The medical records provided for review indicate that the employee has been on opiate medications including Norco and Percocet for pain for a significant length of time. **The request for Colace 100mg #10 is medically necessary and appropriate**.

9) **Regarding the request for Vicodin 5-500mg #30:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence-based criteria for its decision.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pgs 47-48, which is part of the MTUS.

Rationale for the Decision:
The MTUS/ACOEM Guidelines indicate that the physician should discuss the efficacy of medication for the particular condition, if side effects and any other relevant information with the patient to ensure proper use. The medical records provided for review indicate that the employee has been on this medication for a significant length of time and the Visual Analog Scale (VAS)/pain scale has not been documented. **The request for Vicodin 5-500mg #30 is not medically necessary and appropriate.**

10) **Regarding the request for** Vitamin C 500mg #60**:**

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

The Claims Administrator did not cite any evidence-based criteria for its decision.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pgs 47-48, which is part of the MTUS, and the PDR.

Rationale for the Decision:
The MTUS/ACOEM Guidelines indicate that the physician should discuss efficacy of medication for the particular condition, if side effects, and any other relevant information with the patient to ensure proper use. The medical records provided for review does not indicate the rationale for this request. **The request for vitamin C 500mg #60 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

/sh

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.