

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/30/2013

8/31/2007

8/5/2013

CM13-0007000

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left knee arthroscopy (between 07/25/2013 & 09/08/2013) 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 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 arthroscopy (between 07/25/2013 & 09/08/2013) 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 56-year-old male who reported an injury on 08/31/2007 due to repetitive job duties. The patient underwent an MRI on 05/29/2013 that concluded there was evidence of a previous lateral meniscectomy, degenerative changes to the anterior horn, a small shaped irregularity to the posterior horn, a non-displace obliquely oriented tear of the medial meniscus, and degenerative changes to the lateral and medial compartments of the knee. The patient had complaints of catching and buckling with a positive lateral McMurray's test causing pain and good range of motion. The patient was diagnosed with a meniscal tear and degenerative changes of the knee. The patient's treatment plan included left knee arthroscopy and meniscal repair.

### **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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for left knee arthroscopy (between 07/25/2013 & 09/08/2013):**

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 California Medical Treatment Utilization Schedule, Knee Complaints, American College of Occupational and Environmental medicine, 2<sup>nd</sup> Edition, Chapter 13, Knee Complaints, Table 13-6 Summary of Recommendations for Evaluating and Managing Knee Complaints Clinical Measures: Surgical Considerations, which is a part of the MTUS, and the Official Disability Guidelines (ODG) Online Edition, Knee and Leg Chapter, which is not a part of the MTUS.

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

Rationale for the Decision:

A review of the records indicates that the employee does have continued knee pain complaints. MTUS/ACOEM guidelines states, “arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes.” “However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus.” In this case the clinical documentation submitted for review does not provide evidence that the employee has significant impairment of functional capabilities as it is related to the employee’s knee pain. Additionally, exhaustion of conservative measures to include medication and physical therapy are not documented. The submitted documentation also indicates that the employee’s pain may be related to degenerative changes. **The request for left knee arthroscopy (between 07/25/2013 & 09/08/2013) 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/sce

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.