

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	11/29/2012
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007268

- 1) MAXIMUS Federal Services, Inc. has determined the request for a left knee lateral J brace **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 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 a left knee lateral J brace **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 61-year-old male who reported an injury on 11/29/2012. The mechanism of injury involved a fall. The patient was seen by Dr. [REDACTED] on 01/14/2013. The patient presented with complaints of 5/10 to 9/10 sharp pains. Current medications include Percocet, Norco, and Soma. Physical examination revealed decreased range of motion of the left knee, no swelling, no erythema, no bony tenderness, painful lumbar range of motion, negative orthopedic testing for the left knee, 5/5 strength, and normal sensation. It was determined that maximum medical improvement is expected at approximately 4 to 6 months for the knee. Treatment plan includes an MRI of the left knee, physical therapy twice per week for 3 weeks, and a pair of aluminum crutches was dispensed. An unofficial MRI of the left knee report was submitted by Dr. [REDACTED] on 01/29/2013, indicating a complex tear of the anterior horn of the lateral meniscus and grade 1 chondromalacia of the lateral facet on the patella. The patient was then seen by Dr. [REDACTED], on 02/04/2013 with complaints of chronic left knee pain. Objective findings included positive myalgia and joint pain. Treatment plan included recommendations for orthopedic evaluation, and continuation of current physical therapy. An additional follow-up note was submitted on 02/14/2013 by Dr. [REDACTED]. Objective findings revealed no significant changes from the previous examination, and the treatment plan included referral to orthopedic surgeon. A Primary Treating Physician's Initial Report and Request for Authorization was submitted on 02/25/2013 by Dr. [REDACTED]. The patient's current complaints included 8/10 to 9/10 pain in the left rib cage/chest area, 7/10 pain in the right elbow, 5/10 to 6/10 pain in the lower back, and 8/10 pain in the left knee. Current medications included Soma and Percocet. Physical examination of bilateral shoulders revealed normal findings. Physical examination of the left rotator cuff revealed tenderness at the greater tuberosity and subacromial bursa with positive Neer and Hawkins testing, left-sided decreased range of motion was noted on the left shoulder. Physical examination of bilateral elbows revealed normal findings. Physical examination of bilateral knees revealed crepitus with range of motion bilaterally, effusion at the left knee, decreased muscle strength of the left knee, positive McMurray's sign, and decreased flexion on the

left side. Surgical recommendation was not made at that time. A Medical Records Review and Request for Authorization Report was submitted on 03/04/2013 by Dr. [REDACTED]. The patient again complained of 8/10 to 9/10 left rib cage pain, 7/10 right elbow pain, 5/10 to 6/10 pain in the lower back, and 8/10 to 10/10 left knee pain. Physical examination revealed negative straight leg raising, tenderness to palpation on the lower sacral area, decreased lumbar spinal range of motion, intact lower extremity sensation, tenderness to palpation on the medial aspect of the left knee, decreased range of motion of the left knee, positive McMurray's testing, mild tenderness to the olecranon area of the right elbow, and tenderness to the left rib cage area at numbers 8, 9, 10 and 11. Treatment included continuation of current medications and a recommendation for a 4-wheel walker. The patient was then seen by Dr. [REDACTED] on 03/07/2013. The patient reported to the emergency room for complaints of right elbow pain. Physical examination revealed mild effusion with crepitus of the right elbow, full range of motion, no erythema or edema noted, and no neurovascular tendon deficits. An x-ray obtained on that date of 03/07/2013 of the right elbow included soft tissue calcification along the periphery of the lateral humeral epicondyle without joint effusion, fracture, or destructive bony process. Treatment plan included an ACE bandage, rest, and elevation, cold compresses and follow-up with a primary physician. The patient was again seen by Dr. [REDACTED] on 04/01/2013. Objective findings again included tenderness to palpation over the lower sacral area, negative straight leg raises, negative Patrick testing, decreased lumbar spinal range of motion, tenderness to palpation over the medial aspect of the left knee, positive McMurray's, mild tenderness to touch of the right elbow olecranon area, and left rib cage tenderness. Treatment plan included continuation of current medications and a return follow-up visit in 4 weeks. The patient was again seen by Dr. [REDACTED] on 04/26/2013 for similar complaints of pain. Physical examination revealed an antalgic gait, medial and lateral joint line tenderness of the left knee, positive McMurray's sign, no knee instability, decreased range of motion of the left shoulder, and positive impingement sign of the left side. Treatment plan included continuation of current medications. The patient was then seen by Dr. [REDACTED] on 05/15/2013 for an orthopedic evaluation. The patient again complained of 8/10 left knee pain, 9/10 chest pain, 7/10 right elbow pain, 9/10 lower back pain, 3/10 to 4/10 left hip pain, and moderate anxiety and depression with suicidal ideation. Physical examination revealed positive pain at the right elbow, full extension range of motion of the right elbow, 5/5 strength, 60% normal lumbar spine range of motion without spasm or deformity, normal sensation of the lower extremities, negative straight leg raising, positive pain at the lateral joint line, medial and lateral patellar facet of the left knee, no crepitus, full extension, normal mobility, and positive lateral joint line McMurray's sign. X-rays obtained in the office on that date revealed slight bone spurring of the olecranon, lateralization of the patella, no arthritis, no fractures, and decreased disc space at L4-5 and L5-S1 without instability. Treatment plan included an MRI of the left knee and lumbar spine with a follow-up visit thereafter. The patient was then seen by Dr. [REDACTED] on 06/30/2013 with similar complaints of chronic pain. Current medications include Vicodin, Soma, Prozac, and Klonopin. Physical examination revealed no significant findings. Treatment plan at that time was not provided. The patient was again seen by Dr. [REDACTED] on 06/27/2013. Physical examination revealed tenderness of the left knee with positive McMurray's sign and stiffness and spasm to the lumbar spine. Treatment plan included a left knee arthroscopy and a lateral meniscectomy and chondroplasty. An unofficial MRI of the left knee report was submitted on 06/17/2013 by Dr. [REDACTED], which indicated a tear of the anterior horn of the lateral meniscus, anterior cruciate ligament degeneration versus sprain, mild patellar tendinosis, degenerative changes of the mid tibial plateau, and mild

degenerative changes of the patella with thinning of the overlying cartilage. The patient was again seen by Dr. [REDACTED] on 07/01/2013. Physical examination revealed no significant changes. Treatment plan at that time included follow-up with internal medicine. A medical review was then submitted by Dr. [REDACTED] on 07/12/2013, for the request of a left knee lateral J brace, which was non-certified at that time. An additional progress report was submitted by Dr. [REDACTED] on 08/12/2013. The patient presented with similar complaints of chronic pain to the left knee. Physical examination revealed no significant changes. Treatment plan at that time was a request for authorization of a left knee arthroscopy. The patient was then seen by Dr. [REDACTED] on 08/12/2013 with complaints of constant left knee pain. The patient was admitted preoperatively at that time with a date of surgery of 08/20/2013. Physical examination revealed moderate tenderness over the left knee with restricted range of motion. It was determined at that time that based on the history as related by the patient, and the current physical examination and ordered diagnostic testing, the patient was not clinically stable to undergo the planned procedure.

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 a left knee lateral J brace:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2008), Knee Complaints, Table 13-6, Summary of Recommendations for Evaluating and Managing Knee Complaints, Rest and immobilization, 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), Table 13-6, Summary of Recommendations and Evidence, page 346, which is part of the MTUS and the Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Brace, which is not part of the MTUS.

Rationale for the Decision:

The ACOEM Guidelines state that bed rest and knee immobilization are not recommended due to risks of venous thromboembolisms and other adverse affects of bed rest, although relative rest may be required for many patients. The Official Disability Guidelines (ODG) states that knee braces are recommended. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load.

The medical records submitted for review do not indicate active participation in a rehabilitation program, nor is there any indication that the employee will be significantly stressing the knee under load. The Official Disability Guidelines further state that prefabricated knee braces may be appropriate in patients with knee instability, ligament insufficiency or deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. The medical records indicate the current diagnosis for the left knee includes lateral meniscus tear. The latest physical examination revealed on lateral sided tenderness and a positive McMurray's. There is no indication that the employee suffers from severe knee instability that would require the need for knee bracing at this time. **The request for a left knee lateral J brace 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

/db

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.