

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

---

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

5/20/2013

8/6/2013

CM13-0007893

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one knee brace is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one aspiration of the knee is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **unknown chiropractic visits is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one cold laser treatment is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **one single positional MRI of the left knee is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **one knee brace is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one aspiration of the knee is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **unknown chiropractic visits is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one cold laser treatment is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **one single positional MRI of the left knee is 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 Physical Medicine and Rehabilitation, 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 45 YO, F delivery driver and felt a popping sensation in the left knee from bending down on 5/20/13. There is an orthopedic report dated 8/13/13 from Dr [REDACTED] noting the patient had no prior left knee issues. ROM was 0-90 degs, and felt locked. Medial and lateral McMurrays were positive. Knee XR were negative. Diagnosis was left knee internal derangement, probably displaced medial meniscal tear. There is a prior orthopedic report from Dr [REDACTED], it is dated 1/4/13, but states the exam was done on 5/24/13. At that time, Dr [REDACTED] noted crepitus at the patellofemoral joint with motion, left knee motion was -20 to 115 and there was generalized swelling, McMurrays was positive, effusion positive, compression and extraction positive. He noted radiographs showing vertical lucency about the medial tibial condyle and diagnosed internal derangement. He aspirated and injected the knee and provided a knee brace and recommended MRI.

## 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 one knee brace:

#### 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 Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pg 340, which is part of the MTUS, and the Official Disability Guidelines, Knee & Leg (Acute & Chronic), which is not 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) pg 339-340, which is part of the MTUS.

#### Rationale for the Decision:

The employee worked as a delivery driver for a florist. The employee's job involved lifting, and carrying boxes. The employee was evaluated by two orthopedists, and both felt there was an internal derangement, and both suspected meniscal tear. ACOEM table 13-3 states immobilizers, if needed, are an option for meniscal tears. The request appears in accordance with MTUS/ACOEM guidelines. **The request for one knee brace is medically necessary and appropriate.**

### 2) Regarding the request for one aspiration of the knee:

#### 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 Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pgs. 346 & 339, which is 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), Initial Care, for Aspiration, pg 339, which is part of the MTUS.

Rationale for the Decision:

MTUS/ACOEM guidelines, table 13-3, states possible aspiration is an option for knee effusion. The records submitted for review indicate that the employee was evaluated by an orthopedist who documented knee effusion following trauma. The orthopedist did this on the initial visit, and the employee apparently only saw that orthopedist once, so this does not appear to be a routine aspiration. The request is in accordance with ACOEM guidelines. **The request for one aspiration of the knee is medically necessary and appropriate.**

**3) Regarding the request for unknown chiropractic visits:**

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 Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pg 339, which is part of the MTUS, and the Official Disability Guidelines, Knee (Acute & Chronic), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, pages 30 & 58, which is part of the MTUS

Rationale for the Decision:

The MTUS Chronic Pain guidelines state manual manipulation is not recommended for knee injuries. The records submitted for review indicate that the employee was diagnosed with left knee internal derangement with probably displaced medial meniscal tear. Manual manipulation (chiropractic) is not recommended and the request for an unspecified amount of chiropractic care for the knee is not in accordance with MTUS guidelines. **The request for unknown chiropractic visits is not medically necessary and appropriate.**

**4) Regarding the request for one cold laser treatment:**

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 Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pg 339, which is part of the MTUS, and the Official Disability Guidelines, Knee (Acute & Chronic), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cold Lasers, Low Level Laser Therapy (LLLT), pages 35 & 57, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate that cold lasers are not recommended. The records submitted for review do not contain a compelling argument for utilizing a cold laser unit for the knee and the request is not in accordance with MTUS, and therefore not medically necessary. **The request for one cold laser treatment is not medically necessary and appropriate.**

**5) Regarding the request for one single positional MRI of the left knee:**

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 the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pgs. 343 & 347, which is part of the MTUS, and the Official Disability Guidelines, Knee (Acute & Chronic), which is not 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), Special Studies and Diagnostic and Treatment Considerations, pages 341-343, which is part of the MTUS.

Rationale for the Decision:

MTUS ACOEM guidelines, table 13-5 on page 343, indicates that MRI and physical examination have the highest ability to detect meniscal tears. The records submitted for review indicate that the employee was evaluated by two separate orthopedists at different times. Both felt a knee MRI was necessary. It has now been over 3 months, and the request for MRI is in accordance with ACOEM criteria. **The request for one single positional MRI of the left knee is 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

/bh

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.