

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/8/2013  
Date of Injury: 7/1/2008  
IMR Application Received: 8/7/2013  
MAXIMUS Case Number: CM13-0008086

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 37-year-old female who reported injury on 07/01/2008 with an injury resulting from jumping over a 6 foot chain link fence which caused the patient's right leg to plant on the ground creating a pop and shift in the right knee described by the patient. The patient was noted to undergo a right knee endoscopic anterior cruciate ligament reconstruction, arthroscopic partial, medial and lateral meniscectomy, chondroplasty patellofemoral joint and medial compartment, extensive 3 compartment synovectomy and debridement, resection of hypertrophic synovial plica, bone graft of the proximal tibial tunnel and insertion of a pain pump. The patient was noted to have pain involving the right knee with stiffness and it was also noted that the patient had physical therapy which was beneficial. The diagnoses were stated to be status post right knee ACL reconstruction with Achilles tendon allograft on 09/16/2011. Status post previous ACL reconstruction in 9/2009 and status post Ken log injection of the right knee in 2012 and 2013 and status post Synvisc one injection of the right knee in 04/2012, 02/2013, and 08/14/2013. The plan was stated to be requisition for a bilateral hinged knee brace.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. Hinged knee brace (bilateral) is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS. Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13), pg. 340, which is part of the MTUS. Official Disability Guidelines (ODG), which is not part of the MTUS

The Physician Reviewer based his/her 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.

The Physician Reviewer's decision rationale: ACOEM Guidelines recommend a brace for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability and recommended use only if the patient is going to be stressing the knee under loads such as climbing ladders or carrying boxes. The employee was noted to have stable anterior drawer and Lachman testing. The medical records provided for review failed to include objective findings upon examination of patellar instability, anterior cruciate ligament tear or medial collateral ligament instability. The clinical documentation failed to provide exceptional factors to warrant nonadherence to guideline recommendations. The request for bilateral hinged knee brace is not medically necessary.

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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.

[REDACTED]

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