

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	10/1/2011
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0008235

- 1) MAXIMUS Federal Services, Inc. has determined the request for **RT total knee arthroplasty is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 **RT total knee arthroplasty 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 Orthopedic Surgeon, has a subspecialty in Elbow & Shoulder 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 52-year-old male who reported an injury on 10/01/2011 due to walking down a staircase causing a loud pop in the right knee. An MRI revealed a complete tear of the proximal anterior cruciate ligament, large joint effusion, and multiple 1 mm to 3 mm free bony bodies within the fluid, and extensive bone changes as described compatible with osteoarthritis. The patient was treated with physical therapy, medications, and injections. Conservative measures failed to resolve the patient's pain. The patient has significant right knee pain. Physical findings included reduced range of motion from 5 degrees to 75 degree. It is also noted that the patient's severe pain caused a disruption in ambulation that required the use of a cane and a knee brace. The patient's diagnosis included end stage degeneration joint disease. The patient's treatment plan included total knee arthroplasty of the right knee.

### 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)
- No Medical Records were provided timely by the Claims Administrator
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for RT total knee arthroplasty:**

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), indications for surgery, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee Joint Replacement, which is not part of the MTUS.

Rationale for the Decision:

Official Disability Guidelines recommend significant range of motion and pain be unresolved by conservative treatments to include medications and exercise for patients over 50 with a body mass index of less than 35 that is corroborated by arthritic changes on imaging studies. A review of the records indicates that the employee has significant right knee pain and severely limited range of motion. The clinical documentation submitted for review does include evidence that the employee has limited range of motion of the right knee less than 90 degrees with significant pain that has been unresponsive to physical therapy, medications, and injections. The employee is over 50 years of age with a body mass index of less than 35. As the employee has exhausted all conservative measures and continues to have significant range of motion and pain deficits, surgical intervention would be supported by the guidelines. **The request for RT total knee arthroplasty 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

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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.