

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	8/17/2011
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008382

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Viscosupplementation for bilateral knees is not 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 7/31/2013. 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 **Viscosupplementation for bilateral knees 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 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:

Patient with 8/17/11 injury date has history of left knee arthroscopic meniscectomy and chondroplasty from 2/10/12, and right knee arthroscopic surgery from 6/11/12 for medial partial meniscectomy.

MRI from 11/29/12 of knee showing questionable recurrent tear. Treater has asked for repeat surgery. Prior surgery was from 6/11/12.

3/6/13 report by treater Dr. [REDACTED], states only 2 days of relief from knee injection last visit.

4/3/13 report by Dr. [REDACTED], identical to prior report, requesting repeat surgery.

5/8/13, request for right knee TKA.

5/8/13, report by Dr. [REDACTED], identical report from prior for subjective.

6/12/13, report by Dr. [REDACTED], subjective section is same as before, treatment plan surgical consult for right knee replacement.

7/3/13, Dr. [REDACTED] report, requesting bilateral knee viscosupplementation, as per QME request.

6/25/13, ortho consult by Dr. [REDACTED]. He reviewed the X-rays that showed some early narrowing of medial compartment, and mild degenerative changes of the patellofemoral joint. His assessment was early osteoarthritis of the right knee. He recommended repeat arthroscopic debridement.

8/7/13, Dr. [REDACTED] report requesting authorization for revision right knee arthroscopy. The patient is living out of a car, and has 10/10 pain in both knees.

11/29/12, MRI report of right knee, s/p partial medial meniscectomy and resection of meniscal cyst. No mention of any arthritic changes.

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Viscosupplementation for bilateral knees:Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Synvisc for knee, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Official Disability Guidelines indicate that these injections are for “severe” arthritis of the knee prior to knee replacement. Review of the reports do not show that the employee suffers from “severe” osteoarthritis. ODG also does not recommend these injections following meniscectomy on a routine basis as there was lack of evidence that this helps. **The request for Viscosupplementation for bilateral knees 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

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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.