

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/26/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/16/2013
Date of Injury: 2/15/2008
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0008761

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the right knee without contrast is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/13/2013. 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 **MRI of the right knee without contrast 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 Louisiana and Texas. 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 46-year-old female who reported injury on 02/18/2008 with an unknown mechanism of injury. The patient's diagnoses are stated to include knee pain and tear of medial cartilage or meniscus of the knee. Additionally, the patient is noted to have osteoarthritis of the right knee. The plan was noted to include an MRI of the right knee without contrast.

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:

- [REDACTED]

1) Regarding the request for MRI of the right knee without contrast:

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 American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, 2nd Edition, Chapter 13, pg. 1020, Knee Disorders, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Knee Complaints, Chapter 13, page 341-343, which is part of the MTUS.

Rationale for the Decision:

Per the letter of the physician, it was stated that the MRI was wanted prior to a total knee arthroplasty. It was stated that the MRI would be done with a signature process to assist the surgeon in the total knee arthroplasty. ACOEM Guidelines recommend an MRI to prevent a commonly missed ACL tear. Additionally, it was noted that MRIs are superior to arthrography for diagnostic and safety reasons. The patient's physical examination revealed that they had peripatellar tenderness and tenderness to palpation of the medial joint line and crepitus of the left knee. The patient's right knee revealed that they had soft tissue swelling and tenderness to palpation of the posteromedial joint line. There was noted to be crepitus with the McMurray's test. IT was noted that the findings were consistent with a possible tear of the medial meniscus. There was peripatellar tenderness. However, the clinical documentation submitted for review indicated the physician requested the MRI prior to a knee arthroplasty to assist the physician in the treatment of the patient during surgery. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to recommendations. Given the above, the request for an MRI of the right knee without contrast is not medically necessary.

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

/sb

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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