MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/11/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/23/2013
Date of Injury:	3/22/2013
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0009506

1) MAXIMUS Federal Services, Inc. has determined the request for **right knee arthroscopy, debridement of the chondromalacia is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **right knee arthroscopy, debridement of the chondromalacia 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 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 30-year-old injured on 03/22/13 sustaining injury to his right knee. The patient was unloading heavy pulleys when he felt a "snap" in the right knee. Initial radiographs of the knee where performed and within normal limits. An MRI scan was performed on 05/06/13 that showed slight lateral subluxation of the patella and a small popliteal cyst, but no evidence of meniscal ligamentous pathology or cartilaginous issue. Recent clinical progress report with Dr. [redacted] M.D., on 09/14/13 indicated continued complaints of pain and discomfort about the knee stating treatment has included work restrictions, medication management, and a corticosteroid injection with only brief relief of symptoms. Formal physical examination findings at that date were not documented stating that the claimant would benefit at present from a knee arthroscopy. According to Dr. [redacted] previous physical examination of 08/20/13 showed normal ligamentous examination with negative McMurray's testing, full range of motion, 5/5 motor strength, and positive tenderness over the medial joint line. At that date, the claimant was given a diagnosis of right knee patellofemoral chondromalacia. At that visit, surgery was also recommended in the form of an arthroscopy and chondroplasty given ongoing findings.

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)
- Medical Records from:
  - ☒Claims Administrator
  - ☐Employee/Employee Representative
  - ☐Provider

1) **Regarding the request for right knee arthroscopy, debridement of the chondromalacia:**

   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, 2nd Edition (2004), Chapter 13), pages 330 – 334, which is 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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates - Knee Procedures.

   Rationale for the Decision:
   According to the Official Disability Guidelines on Knee Procedures, the criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following: Conservative care with medication or physical therapy; and Subjective clinical findings showing joint pain and Swelling; and Objective clinical findings showing effusion or Crepitus or limited range of motion; and Clinical imaging findings showing a Chondral defect on MRI. A review of the records indicates that the need of operative arthroscopy in this case would not be supported. The employee's MRI scan is essentially normal with no indication of cartilage deficit, meniscal or ligamentous injury. While there was noted to be mild subtle patellar subluxation, this does not correlate with the employee's recent physical examination that only showed evidence of medial tenderness to palpation. Based on absence of examination findings to support a mechanical process and negative imaging, the role of surgical arthroscopy for the purpose of chondroplasty would not be supported. **The request for right knee arthroscopy, debridement of the chondromalacia is not medically necessary or 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

/dat

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.