

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/1/2013
Date of Injury:	12/17/2012
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009723

- 1) MAXIMUS Federal Services, Inc. has determined the request for **x-ray left knee is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 5/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **x-ray left knee 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:**

This is a 52 year old female who was status post 01/24/13 arthroscopic left knee abrasion chondroplasty patella, femoral trochlear groove, medial femoral condyle, medial tibial plateau and lateral tibial plateau, medial and lateral meniscectomy, debridement and partial synovectomy by Dr. [REDACTED]. The operative report documented greater than 50 percent of articular damage to the medial femoral condyle. On 04/02/13, Dr. [REDACTED] saw the claimant for complaints of daily left knee pain. The pain increased with weight bearing. She had difficulty standing and walking. She was taking Motrin. Upon examination there was mild effusion of the left knee and tenderness to palpation over the medial and lateral joint lines. Physical therapy and x-ray of the left knee were recommended. On 04/09/13, [REDACTED] saw the claimant in follow up for left knee pain which was worse with walking and pain mostly medial. There was tenderness over the medial and lateral joint lines, range of motion 0 to 150 degrees, and non specific pain upon meniscal testing. Dr. [REDACTED] stated the 04/02/13 x-rays of the knee showed well maintained joint spaces on standing views. There was maintained patellofemoral joint space with some mild bilateral lateral subluxation of the patella trochlear interface. Diagnosis was right knee internal derangement compensatory to left knee injury. The plan was for physical therapy for shoulder and knee, Percocet and off work.

The 05/01/13 peer review denied the 04/02/13 x-ray of the knee due to the claimant being in the early postoperative period for the left knee. On 05/14/13, Dr. [REDACTED] examined the claimant for ongoing left knee pain after the completion of eight physical therapy visits. There was tenderness over the medial and lateral joint lines, 0 to 150 degree range of motion with pain and non specific pain upon meniscal testing. Physical therapy for the left knee was recommended. The x-ray of the left knee, dated 05/15/13, report was normal.

On 05/24/13, Dr. [REDACTED] stated he was notified that the x-rays of the left knee were denied as it was not an accepted body part. Dr. [REDACTED] noted that the claimant had undergone a short course of physical therapy and that there were patella tracking issues. Dr. [REDACTED] followed the claimant through August 2013. Exam was unchanged. Continued physical therapy, off work and Percocet was recommended. On 08/07/13, Dr. [REDACTED] prescribed a TENS unit for the left shoulder and left 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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for x-ray left knee:**

##### The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Shoulder Chapter, Radiography, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13), Imaging, pgs. 341-343, which is part of the MTUS, and the Official Disability Guidelines, Treatment in Workers Comp, 18<sup>th</sup> Edition, 2013 Updates, knee chapter, which is not part of the MTUS.

##### Rationale for the Decision:

The medical records provided are somewhat perplexing regarding this case. It appears that the employee underwent a previous arthroscopic left knee procedure on January 24, 2013 where the employee had abrasion chondroplasty of the patellofemoral trochlear groove, medial femoral condyle, medial tibial condyle, medial tibial plateau and lateral tibial plateau as well as medial and lateral meniscectomy and debridement. This was done by Dr. [REDACTED]. The operative report documented greater than 50% of articular damage of the medial femoral condyle.

Subsequent followup was with a Dr. [REDACTED] on April 2, 2013 where the employee was noted to have pain in the knee with difficulty standing and walking. There is no mention in the medical records of any recurrent injury or injury that followed the initial surgical intervention.

Based on this fact alone and according to Official Disability Guidelines, the recommendations for radiographs are not met in this case. Indications for imaging would include acute trauma to the knee from questionable motor vehicle accident or fall with findings of focal tenderness, effusion and inability to bear weight. **The request for x-ray of the left knee 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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