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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

2676
[redacted]

Dated: 12/26/2013

IMR Case Number:	CM13-0022377	**Date of Injury:**	04/23/2002
Claims Number:	[redacted]	**UR Denial Date:**	08/23/2013
Priority:	STANDARD	**Application Received:**	09/10/2013
Employee Name:	[redacted]		
Provider Name:	[redacted] P.A.C.		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [redacted],

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented Freedom Ford employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 23, 2002.

Thus far, the applicant has been treated with the following: Analgesic medications; knee corticosteroid injections; knee Synvisc injections; and attorney representation.

The operating diagnosis is arthritis of the knee.

In a utilization review report of August 23, 2013, the claims administrator certified a request for three Synvisc injections and denied a request for series of knee x-rays. The applicant's attorney later appealed, on September 10, 2013.

Earlier clinical progress notes are of September 5, 2013, April 9, 2013, and August 13, 2013 are notable, to the applicant should receive high uronic acid/Synvisc injections. Two radiographers confirmed knee arthritis. X-rays of August 2013 do demonstrate knee arthritis.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. 1 set of X-rays of the right knee is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines (2004), Chapter 13, Knee Complaints, page 343, which is part of the MTUS and the Official Disability Guidelines, Knee & Leg (Acute & Chronic), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Guidelines, (2004), 2nd Edition, Chapter 13, Algorithm 13-3, Evaluation of Slow-To-Recover Patients with Occupational Knee Complaints (Symptoms Greater Than Four Weeks), page 350, which is part of the MTUS and the ACOEM Guidelines, 3rd Edition, Knee Chapter, Diagnostic Testing, X-rays, which is not part of the MTUS.

The Physician Reviewer's decision rationale:
As noted on the MTUS-adopted ACOEM Guidelines in Chapter 13, tablet 13-3, evaluation for specific suspected conditions is endorsed in those individuals with primarily inflammatory or degenerative symptoms, in this case, the applicant did seemingly have primarily degenerative symptoms for which x-ray imaging was indicated to evaluate. It does appear that the plain films of the knee did alter the treatment plan as the attending provider did perform Synvisc injections, once the diagnosis of knee arthritis was conclusively established. It is further noted that the Third Edition ACOEM Guidelines do support obtaining x-rays for chronic knee pain, as was present here. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review as x-rays were indicated to evaluate the extent and severity of the applicant's knee arthritis.

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.

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