

## Independent Medical Review Final Determination Letter

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Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0024033	<b>Date of Injury:</b>	05/10/2012
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/13/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
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: UPHOLD. This means we decided that none 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 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 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:

The claimant is a 38 year old female injured on May 10, 2012 sustaining right knee injury. The clinical records include a recent report of October 2, 2013 with Dr. [REDACTED] stating subjective complaints of right knee pain worse with activities, located anterior/posterior and lateral aspect of the knee with a feeling a instability. It states objective findings to show the claimant in no distress but no formal knee evaluation noted. He was given a diagnosis of pain lower leg joint and treatment recommendations were for Ketoprofen topical cream and arthroscopic surgery for therapeutic and diagnostic purposes. The previous report from the treating physician of September 23, 2013 states a 2012 MRI scan showed no osseous ligamentous chondral or meniscal injury with no discreet meniscal tearing but a possible free edge fraying of the body of the lateral meniscus. The physical examination at that date demonstrated tenderness over the medial and lateral tibial plateau of the right knee with a positive Lachman's test and full range of motion. As stated the surgical process is being recommended in the form of arthroscopy.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. 1 right knee surgery is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 13, pages 343-344, which are part of the MTUS, and the ODG Indications for Surgery – Diagnostic Arthroscopy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13, pages 344-345, which are part of the MTUS; and the Official Disability Guidelines (ODG), Knee, Diagnostic Arthroscopy, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA MTUS ACOEM and supported by the Official Disability Guidelines criteria, the surgical process is not supported. The claimant's physical examination and imaging fails to demonstrate any evidence of internal derangement that would benefit from surgery at this stage in the clinical course. The physical examination findings continue to be vague in regards to location. The operative process based on a normal MRI scan from greater than one year ago is not indicated at the present.

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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