

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined that the requested twelve post-operative physical therapy visits for the left knee **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/22/2013 disputing the Utilization Review Denial dated 4/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/16/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined that the requested twelve post-operative physical therapy visits for the left knee **is not medically necessary and appropriate.**

Medical Qualifications of the Professional 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 Family Practice, 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 11, 2013.

“The employee sustained a knee injury on 1/29/13. The employee has had pain and mechanical symptomatology since the work injury. The employee has had and failed conservative treatment including medication and therapy. The employee's physical examination showed tenderness over the lateral joint line, positive McMurray's sign, and normal ligamentous laxity. The 3/19/13 MRI showed a large lateral meniscal tear.”

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 for Independent Medical Review
- Utilization Review by [REDACTED] (dated 4/11/13)
- American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition, (2004), pg 344-345, Knee Disorders – Meniscal Tears
- California Medical Treatment Utilization Schedule (MTUS), Knee Complaints, Postsurgical Treatment Guidelines
- Employee's Medical Records by [REDACTED] (dated 1/29/13)
- Employee's Medical Records by [REDACTED] (dated 2/5/13 thru 5/6/13)
- Employee's Medical Records by [REDACTED] (dated 3/25/13 & 5/9/13)
- Employee's Medical Records by [REDACTED] (dated 3/19/13)

1) Regarding the request for twelve post-operative physical therapy visits for the left knee:

Medical Treatment Guideline(s) Relied Upon by the Professional 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), and the Knee Complaints - Post-Surgical Treatment Guidelines of the CA Medical Treatment Utilization Schedule (MTUS). The Treating Provider did not reply to the offer to provide information or dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a knee injury on 1/29/13, and experienced pain and mechanical symptomatology since the work injury. The employee has had and failed conservative treatment including medication and therapy. The MRI findings show a bucket handle tear. The employee was given prescription NSAIDS for the pain and swelling. The employee was authorized for a left knee arthroscopy with partial lateral meniscectomy. The request is for twelve post-operative physical therapy visits for the left knee. According to the California MTUS regarding post-operative physical therapy, an initial course of physical therapy means ½ the number of visits specified in the general course of therapy for the specific surgery. ACOEM states that post-operative physical therapy treatment for meniscectomy is 12 visits over 12 weeks. The request for 12 visits exceeds the recommended amount for an initial course of post operative physical therapy; therefore, the request for twelve post-operative physical therapy visits for 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

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.