

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(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 the requested additional three (3) sessions of physical therapy are **medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/30/2013 disputing the Utilization Review Denial dated 4/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/23/2013. 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 requested additional three (3) sessions of physical therapy are **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 Orthopaedic 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 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

“This patient has a date of injury of 01/05/13. He is noted to have a peritrochanteric fracture of the right hip and underwent open reduction internal fixation with intramedullary fixation on 01/06/13. He is noted to have a 50-pack-year history of smoking and continues to smoke. Postoperatively he was followed up on 05/01/13, at which time he is noted to have had some physical therapy. He is ambulating with the front wheel walker is intermittent pain in the area of the right hip. Range of motion of his hip actively flexes 26 °, extend 17°, and abduction 16°. The plan for therapy is to see the patient 2 times a week for 6 weeks.

X-rays were obtained on 04/03/13, and is noted to have satisfactory position of the internal fixation, but there is evidence of delayed union 3 months post surgery.

There is a physical therapy report dated 04/03/13 indicating the patient has been showing overall improvement. His active range of motion was flexion 26, extension 14, and abduction 22. He reports feeling stronger and is having no problems during the day but has some discomfort at night. “

### **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 (dated 4/30/13)
- Utilization Review Determination (dated 4/1/13)

- Employee medical records from [REDACTED] (dated 1/5/13-1/14/13)
- Employee medical records from [REDACTED] (dated 1/16/13)
- Employee medical records from [REDACTED], MD (dated 1/18/13-4/3/13)
- Employee medical records from [REDACTED] (dated 3/7/13-5/16/13)
- Employee medical records from [REDACTED] (dated 1/5/13)
- Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Physical Medicine section

**1) Regarding the requested additional three (3) sessions of physical therapy:**

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Physical Medicine section, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based its decision on Appendix C – Postsurgical Treatment Guidelines Evidence-Based Reviews (May, 2009) of the MTUS as more applicable and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee experienced a work-related injury on 1/5/13 resulting in a peritrochanteric fracture of the right hip requiring open reduction with intramedullary fixation on 1/6/13. The medical records provided and reviewed indicate the employee has been undergoing physical therapy with physical improvement. The medical record from 4/3/13 indicates hip X-rays were reviewed showing a question of delayed union more than three (3) months post surgery. Based on the severity of the employee's injury and the delayed healing, more than 12 sessions of physical therapy is supported by the Postsurgical Treatment Guidelines. The requested additional three (3) sessions of physical therapy **are 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/dl

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.