

---

**Notice of Independent Medical Review Determination**

Dated: 8/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	4/11/2013
Date of Injury:	1/22/2013
IMR Application Received:	5/9/2013
MAXIMUS Case Number:	CM13-0000337

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 sessions of physical therapy for the left ankle and lumbar spine **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/9/2013 disputing the Utilization Review Denial dated 4/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 sessions of physical therapy for the left ankle and lumbar spine **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 Physical Medicine and Rehabilitation 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 8, 2013.

**Reason for Difference:** It is the opinion of the reviewing physician that, The claimant is a 52-year old employee who tripped on a brick road and twisted her left ankle and fell forward in 01/2013. The claimant has completed 12 sessions of physical therapy; an additional 12 sessions of physical therapy were non-authorized on 04/11/2013. The latest documentation from Dr. [REDACTED] on 04/18/2013 notes that the claimant feels that more physical therapy is necessary; objective findings are documented by check-off sheet noting tenderness and spasms and tightness in the Achilles tendon with swelling and tenderness. This request is for an additional 12 sessions of physical therapy to the left ankle and lumbar spine (2 X 6).

### 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 Documentation by [REDACTED] (dated 4/11/13 and 5/8/13)
- Notice from Employee's employer (dated 6/13/13)
- Notice from [REDACTED] (dated 5/1/13)
- Letter from Employee (dated 5/3/13)
- Initial Orthopedic Evaluation by [REDACTED], M.D. (dated 5/8/13)
- MRI Reports by [REDACTED] (dated 3/7/13 and 4/29/13)
- Treating Physician Report by [REDACTED], M.D. (dated 7/15/13)
- Pain Management Consult Report by [REDACTED] (dated 7/1/13)
- Physical Therapy Notes (author unknown) (dated 2/1/13 to 3/29/13)
- Medical Records by [REDACTED] (dated 1/23/13 to 6/17/13)

- Official Disability Guidelines (ODG) – Low Back Chapter, Physical Therapy section; Ankle Chapter, Physical Therapy section

**1) Regarding the request for 12 sessions of physical therapy for the left ankle and lumbar spine:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Low Back Chapter, Physical Therapy section and Ankle Chapter, Physical Therapy section. The ODG is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address a recommended number of physical therapy sessions in this situation. The Expert Reviewer found the ODG sections used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/22/2013 and twisted the left ankle. The employee has experienced tenderness, spasms, and tightness to the Achilles tendon. To date, the employee has completed 12 sessions of physical therapy. A request was submitted for 12 additional physical therapy sessions.

An MRI of the left ankle submitted for review suggests mild tendinosis of the peroneus longus tendon with thickening and intermediate signal noted without significant marrow abnormalities or fractures being noted. A medical report dated 4/18/2013 notes tenderness, spasms, and tightness in the Achilles tendon with swelling and tenderness. The ODG indicates 10 sessions over 8 weeks are reasonable for lumbar sprains and strains. The ODG also indicates 9 sessions over 8 weeks are reasonable for ankle and foot sprains.

The employee has already received 12 physical therapy sessions. A medical note dated 07/01/2013 indicates the employee has 5/5 strength in all lower extremity muscles tested and patellar reflexes were rated at 2+ bilaterally. The request for 12 additional sessions exceeds the guideline recommended amount. The request for 12 sessions of physical therapy for the left ankle and lumbar spine 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/dj

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.