
Notice of Independent Medical Review Determination

Dated: 10/10/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 5/14/2013
Date of Injury: 2/6/2013
IMR Application Received: 5/22/2013
MAXIMUS Case Number: CM13-0000449

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/22/2013 disputing the Utilization Review Denial dated 5/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 physical therapy sessions **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 Preventative Medicine and 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 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 14, 2013:

On 05/10/13 at 4:30 p.m. PT, an attempt was made to contact the provider to discuss the medical necessity and [REDACTED] stated that the doctor was gone until next week. A message was left with nature of call and callback information. On 05/13/13 at 9:34 a.m. PT, another attempt was made to reach the provider and [REDACTED] again stated the doctor was not in until next week. The non-certification/modification disclaimer was provided. No callback was received.

The patient is a 59-year-old male who sustained an industrial-related injury on 02/06/13. X-rays, 2 views of the right knee was performed on 02/14/13 which revealed minor bony and soft tissue changes. On 04/16/13, the patient was seen by Dr. [REDACTED] for a new patient consultation. The patient reported increased pain in the right knee, worse with activities and improved by rest. The patient noted a sharp, throbbing, and aching pain and there was clicking and popping in the knee. It was noted that the patient had knee arthroscopy on the right side in 2000. Physical examination revealed medial joint line tenderness, range of motion was from 0-130 degrees, ACL testing had negative Lachman's and anterior drawer, MCL and LCL testing had no opening with 0 or 30 degree testing, motor testing was full and intact in all groups, and meniscal testing in addition to joint line tenderness had positive Steinmann's. It was noted that injection was performed into the right knee from an anterolateral approach. MRI of the right knee without contrast was performed on 04/29/13 which revealed the following: 1. Truncated appearance at the medial meniscus likely from prior resection; there was question of a peripheral posterior horn tear with adjacent 2mm parameniscal cyst. 2. Degenerative changes. 3. A 15 mm loose body in the superior medial patellofemoral joint. The patient was next seen by Dr. [REDACTED] on 05/07/13; it was noted that the patient's symptoms were intermittent pain and difficulty in certain activities like climbing stairs. It was also noted that the

noted that the patient had knee arthroscopy on the right side in 2000. Physical examination revealed medial joint line tenderness, range of motion was from 0-130 degrees, ACL testing had negative Lachman's and anterior drawer, MCL and LCL testing had no opening with 0 or 30 degree testing, motor testing was full and intact in all groups, and meniscal testing in addition to joint line tenderness had positive Steinmann's. It was noted that injection was performed into the right knee from an anterolateral approach. MRI of the right knee without contrast was performed on 04/29/13 which revealed the following: 1. Truncated appearance at the medial meniscus likely from prior resection; there was question of a peripheral posterior horn tear with adjacent 2mm parameniscal cyst. 2. Degenerative changes. 3. A 15 mm loose body in the superior medial patellofemoral joint. The patient was next seen by Dr. [REDACTED] on 05/07/13; it was noted that the patient's symptoms were intermittent pain and difficulty in certain activities like climbing stairs. It was also noted that the injured worker had a little relief from injection and physical therapy. The extent of therapy received is unclear.

The requests are for right knee arthroscopy with loose body removal, twelve sessions post-operative physical therapy, three times four weeks to the right knee, and right knee cold therapy unit, either seven day rental or purchase (cost unknown). I recommend modification to right knee arthroscopy with loose body removal, six sessions, postoperative physical therapy to the right knee, and right knee cold therapy unit, seven day rental. The non-certification/modification disclaimer was provided with the appeals process at the time of the call.

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 (received 5/22/13)
- Utilization Review Determination from [REDACTED] (dated 5/14/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 12 physical therapy sessions:

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

The Claims Administrator based its decision on the Postsurgical Treatment Guidelines, Knee section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not 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 was injured on 2/6/2013 and reports right knee pain. The employee has been treated with analgesic medications, imaging studies, a prior right knee arthroscopy with partial medial meniscectomy and partial lateral meniscectomy coupled with loose body removal on 6/17/2013, and at least six

sessions of post-operative physical therapy. A request was submitted for 12 physical therapy sessions.

The MTUS Postsurgical Treatment Guidelines recommend a general course of 12 sessions of overall treatment following a meniscectomy procedure. The guidelines further suggest approving an initial course of therapy which comprises of one-half of the number of visits specified in the general course of therapy, with continuation of treatment beyond the initial course contingent on documentation of functional improvement. The records submitted and reviewed do not document any extenuating factors or compelling rationale for physical therapy beyond the initial six-session course for treatment of the employee's medical condition. The request for 12 physical therapy sessions **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

/sab

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