

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/31/2013
Date of Injury:	3/13/2013
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0000606

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy twelve sessions 2 times a week for 6 weeks for the low back **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 5/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/22/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy twelve sessions 2 times a week for 6 weeks for the low back **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.

Expert Reviewer Case Summary:

The IMR application shows the employee was injured on 3/13/13 and is disputing the 5/28/13 UR decision. There does not appear to be a UR letter dated 5/28/13 available for this review. The closest UR letter to the date on the IMR application, is a modification letter from [REDACTED] dated 5/31/13 that modified a PT 2x6 request to allow 6 sessions, it states the date of modification was 5/30/13.

This is a 59 YO, 5'11", 244 lbs, F, radiology technician with a 3/13/13 injury date. The mechanism of onset is not clear, but appears to be bilateral knee arthritis, worse on the left. There was 6 sessions of PT from 4/15/13 through 5/2/13 and another 6 sessions of PT from 7/8/13 to 7/29/13.

7/24/13, PR2, [REDACTED], MD, Dx: OA knee, tear of lateral cartilage or meniscus of knee. She had a QME on Monday, she has not heard about auth for left knee surgery that is scheduled for 9/5/13. She is getting PT. Her knee feels worse and she can't walk straight. There is swelling daily, she has difficulty even walking across the room. She cannot straighten her left knee and has to walk on her toes.

7/8/13-7/29/13 PT note, [REDACTED], 6 sessions. Dx: left knee sprain, pt states knee is still painful and decided to have surgery. 7/10 pain, ROM 0-115 degs.

6/6/13 [REDACTED], PA for Dr [REDACTED], 58 YO, F with bilateral knee pain secondary to DJD/OA. She had pain relief with last injection on 1/2013. Today injects bilateral knees with 1cc Kenalog, 2cc of 0.5% Marcaine and 2cc of 2% lidocaine.

5/20/13 PR2, [REDACTED], MD, requests PT 2x6, Rx Flexeril 10mg qhs, and Tiger balm. DX: knee joint pain, low back pain.

4/15/13 PT note, [REDACTED] 8/10 pain, ROM 0-115.

PT notes visits on 4/15/13, 4/18/13, 4/22/13, 4/25/13, 4/29/13, 5/2/13.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy twelve sessions 2 times per week times 6 weeks for the low back :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM (American College of Occupational and Environmental Medicine), 2nd Edition, Chapter 12, which is a part of the MTUS and the Official Disability Guidelines (ODG) Low Back, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 98-99 Physical Medicine, which is a part of the MTUS.

Rationale for the Decision:

The records show the employee has knee pain and was anticipating a knee surgery on 9/5/13. Post-operative PT in accordance with the MTUS post-surgical treatment guidelines may be appropriate if it were known if the employee went through with the surgery. PT prior to the surgery, but subsequent 7/29/13 would not appear to be necessary as the records show 6 PT sessions occurring 4/15/13-5/2/13 pain was still high at 8/10 and ROM was 0-115 degs. Then the employee had several knee Kenalog injections which helped reduce the pain. The employee had another course of 6 PT sessions from 7/8/13-7/29/13 and had no significant benefit, ROM was still 0-115, pain was still 7/10, and the employee decided to have the surgery. Additional PT beyond the 12 sessions provided prior to any surgery, would not be indicated as there is no functional improvement. The PT that was already provided appears to be two courses of 6 sessions and the 2nd course of PT was apparently authorized by UR. And the initial 6 PT sessions from 4/15/13-5/2/13 would be appropriate as a trial. **The request for physical therapy twelve sessions 2 times per week times 6 weeks for the low back 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,

Paul Manchester, MD, MPH
Medical Director

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

/pr

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