

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/24/2013

2/27/2013

6/12/2013

CM13-0000663

- 1) MAXIMUS Federal Services, Inc. has determined the request for **DME - Knee Exercise Kit is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/12/2013 disputing the Utilization Review Denial dated 5/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 **DME - Knee Exercise Kit 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:

This patient is a 48-year-old male with a date of injury of 2/27/2013, with the mechanism of injury of catching a shoplifter. The patient's diagnoses include a left knee anterior cruciate ligament tear as a result of a lateral rib fracture at the tibia and also a left ankle sprain/strain. On review, a request for a knee exercise kit was non-certified with the rationale that there was no evidence that a prepackaged home exercise program is superior to individualized instruction by a physical therapist.

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 DME - Knee Exercise Kit:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, MTUS, 8 CCR Section 9792.20 – 9792.26, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine and Evidence, page 98, which is part of the MTUS.

Rationale for the Decision:

The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, Section on Physical Medicine, states “Active therapy requires an internal effort by the individual to complete a specific exercise or task...allowed for fading of treatment frequency plus active self-directed home physical medicine.” Therefore, the treatment guidelines encourage an individualized treatment program for each patient. The current medical records from the treating physician are handwritten and only marginally legible and do not clearly indicate an individualized plan of care leading to the current equipment request. Therefore, the medical records and guidelines do not support this request. **The request for DME – Knee Exercise Kit 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

/sab

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.