

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/10/2013
Date of Injury:	3/19/2013
IMR Application Received:	6/17/2013
MAXIMUS Case Number:	CM13-0000727

- 1) MAXIMUS Federal Services, Inc. has determined the requested 6 additional physical therapy session **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/17/2013 disputing the Utilization Review Denial dated 6/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 6 additional physical therapy session **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 June 10, 2013:

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The patient is a 38 year old female with a date of injury of 3/19/2013. The provider submitted a prospective request for 1 single positional MRI of the left knee and 6 additional physical therapy visits.

In an examination on 6/3/2013, the patient continued to have left ankle and knee pain. The left ankle pain level was a 4/10 and the left knee was 5/10. She reported that physical therapy and anti-inflammatory medication had helped her conditions in the past. A x-ray of the left knee on 5/20/2013 showed mild degenerative changes of the lateral compartment of the knee, as well as the patellofemoral joint. Objective findings from the knee exam included tenderness of the anteriomedial and anterolateral joint line and pain with compression at the patella femoral joint. There was a normal inspection and neurologic exam; with the range of motion being extension 0, flexion 140(right),110(left). McMurray's sign was positive on the left with 1+ effusion.

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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 6/17/13)
- Utilization Review Determination from [REDACTED] (dated 7/10/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 6 additional 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 Chronic Pain Medical Treatment Guidelines (May, 2009) (no page given), which is part of the Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Physical Medicine, which is not part of the 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 3/19/13 and experiences knee pain. The medical records indicate that an MRI of the knee showed a meniscal tear and the employee reports persistent pain ranging from 1/10 to 6/10. The record also indicates that the employee has been treated with physical therapy. The request was submitted for 6 additional physical therapy sessions.

The Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts recommends 9 to 10 session course recommended. The medical records indicate that this patient has had prior treatment of 12 sessions, in excess of the recommended amount. In addition, there is no clear evidence of functional improvement following completion of the prior treatment as defined per MTUS. The patient has also failed to improve in terms of work status, work restrictions, and/or performance of activities of daily living. The patient has failed to return to work with unchanged limitations in place and continues to be reliant on various medical treatments, including medications, a cane, knee brace, ankle bract, and continuing physical therapy. Thus, the patient's failure to demonstrate functional improvement has not been documented. The request for 6 additional physical therapy sessions **is not medically necessary or 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

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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.