

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009



May 1, 2013

**Notice of Standard Independent Medical Review Determination  
Case No. CM13-000044**

[REDACTED]

[REDACTED]

[REDACTED]

**Employee**

**Claim Number:**

**Date of UR decision:**

[REDACTED]

**February 14, 2013**

**Determination:** MAXIMUS Federal Services, Inc. has determined the requested magnetic resonance imaging (MRI) and 6 physical therapy visits for the left heel are **not medically necessary**.

A request for a(n) standard Independent Medical Review was filed with the Administrative Director, Division of Workers' Compensation. The case was assigned to MAXIMUS Federal Services as the designated Independent Medical Review Organization.

**Medical Qualifications of the Professional 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 Therapy & 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 professional 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.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

### Case Summary:

Disclaimer: The following case summary was taken from the utilization review denial/modification dated February 14, 2013.

“This is a 62 year old female who complains of left heel/foot pain and has the diagnosis of left foot contusion, left ankle sprain, left chest contusion, and sprained ribs. Her medical history is significant for hypercholesterolemia and hypertension. Left ankle x-rays and left rib x-rays on 1/28/13 were negative/normal. The physical examination on 1/25/13 was significant for being able to walk normally, left hip pain and knee normal, left ankle and foot normal, and no evidence of injury over the heel. The physical examination on 1/28/13 was significant for tender left heel, unable to bear weight, decreased and painful left ankle range of motion, and bruise on the medial malleolus. A cam boot and crutches were prescribed. There were no medications listed. The patient has to be referred to physical therapy. The treating physician has requested a left heel MRI.”

### Documents Reviewed for Determination:

The interested parties were notified that the review was assigned on a standard basis. The 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 (Physical Therapy)
- Application for Independent Medical Review (MRI)
- Utilization Review Decision (Provided by [REDACTED]) dated 2/14/2013
- Employee’s Medical Records from Requesting Provider dated 1/25/2013 through 3/25/2013

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Addition, 2004. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the evidence-based criteria used by the Claims Administrator appropriate for the clinical circumstance.

### Rationale for the Decision:

The request for MRI of the left heel and physical therapy 6 visits was previously denied due to lack of medication management and support from guidelines. The patient’s condition has been improving. On physical examination, there was resolution of bruising

and normal range of motion. Guidelines would support physical therapy for patients with functional deficits. As such, the request for 6 sessions of physical therapy is not medically necessary. In addition, an MRI of the left heel is not medically necessary because the employee's condition is improving and there were no physical examination findings to suggest the need for an MRI at this time.

**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  
dj

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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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.