
Independent Medical Review Final Determination Letter

██████████
██
██
████████████████████

Dated: 12/31/2013

IMR Case Number:	CM13-0018840	Date of Injury:	09/06/2012
Claims Number:	██████████	UR Denial Date:	08/08/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	██		
Provider Name:	██ MD		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58-year-old female who reported an injury on 09/06/2012 with mechanism of injury being the patient slipped on a ball that was half-full of air. The patient had tenderness to the medial and joint line and plica. The patient's diagnoses were not provided. The request was made for 8 visits of physical therapy for the right knee.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. The request for 8 additional sessions of physical therapy for the right knee is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS, and the Official Disability Guidelines, which are not a part of the MTUS.

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

The Physician Reviewer's decision rationale:

CA MTUS Guidelines recommend physical medicine for myalgia and myositis for 9 visits plus an active self-directed home physical medicine program. The clinical documentation submitted for review revealed that the employee was initially treated at [REDACTED] with 6 physical therapy sessions. It was stated with the initial physical therapy the employee had improved and was given a home exercise program and the employee was noted to have pain with walking and standing and after physical therapy. The employee was left with pain walking on inclines only. The clinical documentation submitted for review failed to provide a thorough

assessment and reassessment including the employee's remaining functional deficits to support ongoing treatment with physical therapy. Additionally, it was stated per the physician note that the employee had had physical therapy for the right knee, which did not help. **The request for additional physical therapy is not medically necessary and appropriate.**

/dso

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.

[REDACTED]

CM13-0018840