
Notice of Independent Medical Review Determination

Dated: 8/23/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 1/11/2012
IMR Application Received: 7/10/2013
MAXIMUS Case Number: CM13-0001133

- 1) MAXIMUS Federal Services, Inc. has determined the request for eight (8) physical therapy visits for the right knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for three (3) month gym membership with pool access **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. 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 eight (8) physical therapy visits for the right knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for three (3) month gym membership with pool access **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, has a subspecialty in Pain 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 July 3, 2013.

“The patient is a 59 year old female with a date of injury of 1/11/2012. The provider has submitted authorization requests for 8 physical therapy visits for the right knee, 3 months gym membership with pool access and one prescription of Norco 10/325mg #60.”

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
- Utilization Review by [REDACTED] (dated 7/3/13)
- Employee’s Authorizations (dated 7/20/12 thru 6/28/13)
- Employee’s Medical Records by [REDACTED] (dated 9/7/12)
- Imaging Report by [REDACTED] (dated 8/1/12)
- Imaging Report by [REDACTED] (dated 8/10/12)
- Employee’s Medical Records by [REDACTED] (dated 8/13/12 thru 9/18/12)
- Employee’s Medical Records by [REDACTED], MD (dated 6/19/12 thru 9/20/12)

- Employee's Medical Records by [REDACTED], MD (dated 7/19/12 thru 6/25/13)
- Operative Report by [REDACTED] (dated 1/17/13)
- Employee's Medical Records by [REDACTED] (dated 2/27/13)
- Employee's Medical Records by [REDACTED] (dated 1/24/13 thru 3/25/13)
- Postsurgical Treatment Guidelines, Physical Medicine
- Chronic Pain Medical Treatment Guidelines, Physical Medicine, pg 98-99
- Official Disability Guidelines, Gym Memberships
- Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, pg 22

1) Regarding the request for eight (8) physical therapy visits for the right knee:

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, Physical Medicine, pg 98-99, which is part of the California Medical Treatment Utilization Schedule (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. The Expert Reviewer also relied on the Postsurgical Treatment Guidelines, Knee which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained an injury on 1/11/12. Medical records submitted and reviewed show the employee is under follow-up care for right knee surgery received on 1/17/13. Treatment to date has included 16 sessions of physical therapy and continuation of medication for pain. The employee has made functional gains including increased ability to ambulate and ability to walk 20-30 minutes 4-5 days per week. The request is for eight (8) physical therapy visits for the right knee, and three (3) month gym membership with pool access.

The Postsurgical Treatment Guidelines, Knee chapter, emphasize rapid mobilization and do not support ongoing formal physical medicine treatment in the management of injuries to the knee. This patient has documentation of knee pain and lateral meniscus tear. The employee has completed 16 visits of physical therapy and has made functional gains. Additional physical therapy is not approved based on the MTUS recommendations for 12 visits that have been exceeded, the patient has had adequate visits to continue any further physical therapy as an independent program at home. The request for eight (8) physical therapy visits for the right knee is not medically necessary and appropriate.

2) Regarding the request for three (3) month gym membership with pool access:

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, Aquatic Therapy, pg 22, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not specifically address the issue at dispute. The Expert Reviewer found the Official Disability Guidelines (ODG), Gym memberships, which is not part of the California Medical Treatment Utilization Schedule (MTUS) relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury on 1/11/12. Medical records submitted and reviewed show the employee is under follow-up care for right knee surgery received on 1/17/13. Treatment to date has included 16 sessions of physical therapy and continuation of medication for pain. The employee has made functional gains including increased ability to ambulate and ability to walk 20-30 minutes 4-5 days per week. The request is for eight (8) physical therapy visits for the right knee, and three (3) month gym membership with pool access.

The Official Disability Guidelines specify that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. There is no specified need for special equipment or documentation of inefficacy of a home exercise program. The request for three (3) month gym membership with pool access 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;

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

/ldh

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.



