
Notice of Independent Medical Review Determination

Dated: 8/28/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

12/2/2012

7/11/2013

CM13-0001201

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy for the left knee and low back, 2 times per week for 6 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/12/2013. 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 physical therapy for the left knee and low back, 2 times per week for 6 weeks **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

" The claimant is a 19-year-old male who was involved in a work injury on 12/2/2012. The injury was described the claimant fell from a ladder injuring his back and knee. The claimant was evaluated and prescribed a course of physical therapy. The claimant was authorized 6 sessions of physical therapy for the left knee in January 2013. The claimant was then authorized a change in treating providers to a physical medicine and rehabilitation specialist. On 6/17/2013 and an evaluation with Dr. [REDACTED] PMR, for complaints of left knee, midback , and low back pain at 7-8/10 on the visual analogue scale. According to this report the claimant received 6 sessions physical therapy "which ere not helpful". The claimant underwent magnetic resonance imaging of the lumbar spine, thracic spine and left knee. These proved to be unremarkable. The claimant was diagnoses with left knee pain, mid back pain, and low back pain. The recommendation was for medication and 12 sessions of "aggressive physical therapy." The purpose of this review is to determine the medical necessity for the requested physical therapy at 2 times per week for 6 weeks."

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 (dated 7/11/2013)
- Utilization Review by [REDACTED] (dated 7/2/2013)
- Medical Records from [REDACTED] (date 12/2/2012)
- Medical Records from [REDACTED] (dated 12/4/12-3/4/2013)
- Medical Records from [REDACTED] (dated 1/3/13)
- Medical Records from [REDACTED] (dated 1/15/13-2/25/13)

- Medical Records from [REDACTED] (dated 2/12/13)
- Medical Records from Dr. [REDACTED] (dated 1/3/12-5/15/13)
- Medical Records from [REDACTED] (dated 6/17/13)
- Medical Records from [REDACTED] (dated 7/2/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009) pg 98-99

1) Regarding the request for physical therapy for the left knee and low back, 2 times per week for 6 weeks:

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), pg. 98-99, which is part of the 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.

Rationale for the Decision:

The employee sustained a work-related injury to the back and knee from a fall on 12/2/12. Medical records provided for review indicate treatment has included physical therapy, medications, and MRIs of the left knee and thoracic/lumbar spine. The medical report of 6/17/13 indicates the employee had completed six sessions of physical therapy but had not shown any improvement.

MTUS Chronic Pain guidelines indicate 10 visits of physical therapy over an 8-week period which should progress to an active home therapy program. The medical records provided do not document rationale for continuing physical therapy beyond the guideline-recommended amount. The request for physical therapy for the left knee and low back, two (2) times per week for six (6) weeks, **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

/dl

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.