
Notice of Independent Medical Review Determination

Dated: 9/5/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/11/2013
Date of Injury: 10/4/2012
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001591

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture treatment for the right knee (2 times a week for 6 weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for aqua therapy for the right knee (2 times a 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 7/16/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 acupuncture treatment for the right knee (2 times a week for 6 weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for aqua therapy for the right knee (2 times a 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 11, 2013.

Ms. [REDACTED] is a 33 year-old woman with a nine month history of chronic right knee pain. She is under the care of chiropractor Dr. [REDACTED] of Long Beach, CA, for a chronic right knee meniscus tear. According to the claims examiner the accepted body part for the present claim is the right knee.

On 05-24-13 [REDACTED] non-certified a request from Dr. [REDACTED] for pool therapy three (3) times a week for four (4) weeks. The basis for the non-certification rested on the findings that there is no documentation of extreme obesity or any other condition requiring therapy with reduced weightbearing. Also, there was no documentation of motion or strength deficits of the right knee requiring therapy, aquatic or land-based. Finally, there was no documentation of whether any previous physical therapy had been performed; and if so, the response.

Available for review is a PR-2 Report from chiropractor Dr. [REDACTED] dated 05-09-13. Said report documents that the patient reported right knee pain and stiffness, associated with prolonged sitting, prolonged standing and prolonged walking. Antalgic gait.

The examination was notable for +3 tenderness to palpation of the lateral joint line, medial joint line and superior border of patella. McMurry's caused pain on the right. Motor 4/5 right hamstring.

The treating chiropractor's recommendations included acupuncture treatment two (2) times a week for six (6) weeks in treatment to the right knee, and aqua therapy two (2) times a week for six (6) weeks in treatment to the right knee.

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 Determination by [REDACTED] (dated 7/11/13)
- Medical Records submitted by Claims Administrator
- California Medical Treatment Utilization Schedule

1) Regarding the request for acupuncture treatment for the right knee (2 times a 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 Acupuncture Medical Treatment Guidelines (2009), which are 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.

Rationale for the Decision:

The employee was injured on 10/4/2012 after falling and twisting the right knee. An MRI of the right knee dated 11/21/2012 showed radial tear of the lateral meniscus, tricompartment chondromalacia, patellar tendinosis, tricompartment degenerative joint disease, and medial displacement of femur with respect to the tibia. The medical records submitted and reviewed indicate the initial diagnosis was right knee strain. Treatment has included crutches, a brace, physical therapy, chiropractic therapy, and an orthopedic consult was recommended. A request was submitted for acupuncture treatment for the right knee (2 times a week for 6 weeks).

The MTUS Acupuncture guidelines allow for a trial of 3-6 visits. The MTUS Acupuncture guidelines also state that if there are signs of functional improvement with the trial, the therapy can be extended. There is no indication in the records that the employee has had a trial of acupuncture. The request for 12 sessions exceeds the guideline recommended trial of 3-6 sessions. The request for acupuncture treatment for the right knee (2 times a week for 6 weeks) is not medically necessary and appropriate.

2) Regarding the request for aqua therapy for the right knee (2 times a 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 (2009), Aqua Therapy section, 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

relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 22 and 98-99.

Rationale for the Decision:

The employee was injured on 10/4/2012 after falling and twisting the right knee. An MRI of the right knee dated 11/21/2012 showed radial tear of the lateral meniscus, tricompartment chondromalacia, patellar tendinosis, tricompartment degenerative joint disease, and medial displacement of femur with respect to the tibia. The medical records submitted and reviewed indicate the initial diagnosis was right knee strain. Treatment has included crutches, a brace, physical therapy, chiropractic therapy, and an orthopedic consult was recommended. A request was submitted for aqua therapy for the right knee (2 times a week for 6 weeks).

The MTUS Chronic Pain Guidelines recommended aqua therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity and is specifically recommended where reduced weight bearing is desirable. For recommendations on the appropriate number of sessions, the Physical Medicine section of the MTUS Chronic Pain Guidelines applies. The Physical Medicine section has general recommendations for 8-10 sessions of therapy. The request is 12 sessions, which exceeds the guideline recommended amount. The request for aqua therapy for the right knee (2 times a week for 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

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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.