
Notice of Independent Medical Review Determination

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 10/30/2001
IMR Application Received: 7/17/2013
MAXIMUS Case Number: CM13-0001845

- 1) MAXIMUS Federal Services, Inc. has determined the requested Percocet (unknown quantity) **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/8/2013. 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 requested Percocet (unknown quantity) **is 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 8, 2013:

"The patient is a 32 year old female with a date of injury of 10/30/2001. Under consideration is a prospective request by the provider for 12 physical therapy sessions and 1 prescription of Percocet.

A review of the documentation indicated that the patient has been treated by Dr. [REDACTED], MD for bilateral knee pain, status post right knee arthroscopy and lateral menisectomy on 1/30/2013, and left knee arthroscopy for synovitis and arthrofibrosis on 6/3/2013. She presented on 6/10/2013 with 4/10 left knee pain and swelling in the knee and difficulty walking on stairs. She walked with a cane and had a well healed surgical incision. She was recommended to remain off work until 6/24/13."

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 7/17/2013)
- Utilization Review from [REDACTED] (dated 7/8/2013)
- Medical Records from [REDACTED] (dated 5/21/13)
- Medical Records from [REDACTED] (dated 6/3/13)
- Medical Records from [REDACTED] (dated 6/26/12-11/12/12)
- Chronic Pain Medical Treatment Guidelines (May, 2009). Part 1, Introduction pg 93

1) Regarding the request for Percocet:

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

The Claims Administrator cited no evidence-based guidelines for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 11 of 127 and pg. 94, which are part of the Medical Treatment Utilization Schedule (MTUS), relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was sustained a work-related injury on 10/30/2001. The medical records provided for review indicate that the employee has been treated for bilateral knee pain. The operative report of 6/3/13 indicates the employee is status post left knee arthroscopy with major synovectomy. The request is for Percocet (unknown quantity).

The MTUS Chronic Pain guidelines state the surgeon would be aware of potential post-op pain and whether it should be controlled with medications or therapy. The utilization review determination dated 7/8/13 indicates review of a medical report from 6/10/13 which was not provided for Independent Medical Review. The utilization review determination reports post-operative knee pain at a 4/10 level; there was no indication whether this was with or without Percocet. Additionally, MTUS guidelines state pain should be assessed and treated promptly, effectively and for as long as it persists. The request for Percocet (unknown quantity) is 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

/fw

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.