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**Notice of Independent Medical Review Determination**

Dated: 9/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	8/7/2011
IMR Application Received:	7/19/2013
MAXIMUS Case Number:	CM13-0001997

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy (12 visits) **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 (12 visits) **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 has a subspecialty certificate in Neuromuscular Medicine. The physician reviewer 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 15, 2013.

This is a now 52 year old female who injured multiple body parts in a trip and fall at work on 8/7/11. She worked as a correctional officer, has not worked since the injury, and is not currently working. The carrier has accepted the neck, back, L hand, both arms and wrist, R elbow and R knee. She has had PT, medications, injections to the wrists and R knee, all without significant improvement. She underwent a R knee arthroscopy on 4/30/13. She continues with pain in the low back and neck with radiation into the extremities.

### 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 from Claims Administrator
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request for physical therapy (12 visits):

#### 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), pages 98-99, which are part of the California

Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Knee/Leg Chapter, Physical Medicine section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Postsurgical Treatment Guidelines, Postsurgical Physical Medicine section, which is part of the MTUS.

Rationale for the Decision:

The employee injured multiple body parts in a trip and fall at work on 8/7/2011. The employee reports pain in the neck, back, left hand, right knee, and both arms and wrists. The employee has been treated with physical therapy, medication, and injections to the wrists and right knee without significant improvement. The provider noted that there was evidence of degenerative knee disease on arthroscopy. The requesting provider has requested authorization for physical therapy (12 visits).

The MTUS Postsurgical Treatment Guidelines indicate that 12 visits of physical therapy should be provided following surgical intervention to repair: old bucket handle tear; derangement of meniscus; loose body in knee; chondromalacia of patella; and/or tibialis tendonitis. The employee had a right knee arthroscopic procedure on 4/30/2013 that included synovectomy and chondroplasty of the patellofemoral joint and lateral femoral condyle, with debridement of the lateral meniscus. Physical therapy notes after 4/30/2013 mention the employee's right knee but do not document that physical therapy was performed for the right knee post-operatively. The provider's 5/30/2013 office note indicates the plan is for continued physical therapy for the right knee. A progress report dated 7/2/2013 includes plans to proceed with physical therapy for the spine and right knee. The request for physical therapy for the employee's right knee is therefore medically necessary as the MTUS guidelines allow 12 visits of physical therapy for her surgical procedure. The request for Physical Therapy (12 visits) 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  
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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.