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**Notice of Independent Medical Review Determination**

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	3/7/2096
IMR Application Received:	7/19/2013
MAXIMUS Case Number:	CM13-0002149

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture two times a week for six weeks for the left knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two times a week for six weeks for the left knee **is not 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 7/1/2013. 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 acupuncture two times a week for six weeks for the left knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two times a week for six weeks for the left knee **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 1, 2013:

"This 71-year-old female was injured March 7, 1996 when she tripped and fell. The claimant had bilateral upper extremity, neck, back, left wrist, bilateral knees, left ribs and left cheek injuries. Currently, the claimant has been treated with physical therapy and is noted to be status post arthroscopy of the left knee. On June 12, 2013 Dr. [REDACTED] noted the claimant was seen for reevaluation of the left knee, lumbar spine, and Synvisc-One injection. The claimant used a cane for ambulation and was noted to be status post revision arthroscopy April 6, 2012 and right total knee arthroplasty in 2000. Exam noted 0° to 110° motion of the left knee with 4- strength. The claimant did have patellofemoral crepitation. Synvisc-One was recommended. Acupuncture 2 x 6 and physical therapy 2 x 6 was recommended as previously they had been beneficial in improving symptoms and decreasing narcotic pain medication use."

### 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 of Independent Medical Review (date 9/17/2013)
- Utilization Review by [REDACTED] (date 7/1/2013)
- Medical Treatment Utilization Schedule (MTUS)

- Medical records submitted by Claims Administrator

1) **Regarding the request** acupuncture two times a week for six weeks for the left knee :

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 is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

Per medical records submitted and reviewed, there is no discussion of functional improvement or dates of service of any prior acupuncture. The MTUS Acupuncture guidelines recommend a trial of up to 6 sessions for acupuncture and state if there is documentation of functional improvement this can be extended. The guideline criteria have not been met. The request for acupuncture two times a week for six weeks for the left knee **is not medically necessary and appropriate.**

2) **Regarding the request for** physical therapy two times a week for six weeks for the left knee:

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

The Claims Administrator based its decision on the Post Surgical Treatment Guidelines (2009), Dislocation of Knee; Tear of medial/lateral cartilage/meniscus of the knee, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The MTUS Chronic Pain guideline recommends 8-10 sessions for muscle and nerve pain allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Medical records submitted and reviewed indicate no description of exercises, therapies or goals. There is no discussion of the employee's home exercise program. The guideline criteria are not met. The request for physical therapy two times a week for six weeks for the left knee **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, 18<sup>th</sup> 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.