

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	3/19/2010
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002436

- 1) MAXIMUS Federal Services, Inc. has determined the request for 18 physical therapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 18 chiropractic sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 18 physical therapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 18 chiropractic sessions **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 22, 2013.

[REDACTED] is a 58 year old (D013: 04/16/54) female Records Coordinator (DOH: 08/03109) for **[REDACTED]** who sustained injury from kneeling at work on the date of injury 03/19/10. The carrier has accepted the claim for the left knee. The current work status is: Remoin off work 1.1Util un.k.now n (07/03/13)

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 18 physical therapy sessions:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pgs. 98-99, which are part of the MTUS.

Rationale for the Decision:

Medical records submitted and reviewed indicate the employee has been to at least 4 physical therapy visits and missed at least 2 physical therapy visits from 03/06/2013 through 04/22/2013. The request is for 18 physical therapy visits. Chronic Pain Medical Treatment Guidelines indicate fading of treatment from 3 visits to 1 visit and going to a home exercise program would be the most appropriate level of care. Furthermore, guidelines indicate for myalgia and myositis unspecified, 9 to 10 visits over 8 weeks is considered reasonable and necessary and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks is considered reasonable. Medical records indicate the employee does have some patellar pain, but does not indicate on initial examination that had any strength deficits to warrant significant amounts of physical therapy. Medical records do not indicate a specific rationale for exceeding guideline recommendations. The last physical therapy note dated 04/22/2013 failed to indicate that the employee made significant improvement in pain or range of motion from physical therapy provided. **The request for 18 physical therapy sessions is not medically necessary and appropriate.**

2) Regarding the request for 18 chiropractic sessions:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pgs. 58-60, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 58-60, which are part of the MTUS.

Rationale for the Decision:

Chronic Pain Guidelines indicate manual therapy and manipulation is not recommended for the knee. Guidelines prefer active therapy versus passive therapy and indicate time to produce effect would be 4 to 6 treatments. As previously stated, the overall efficacy of the provided physical therapy has not been documented as the records do not indicate the employee has obtained significant strength and/or range of motion improvement from the physical therapy visits. Therefore, lacking documentation of significant efficacy and lacking documentation of support by guidelines, this request is not considered medically necessary. **The request for 18 chiropractic sessions 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,

Paul Manchester, MD, MPH,
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.