

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/31/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/22/2013  
Date of Injury: 3/19/2010  
IMR Application Received: 7/24/2013  
MAXIMUS Case Number: CM13-0002961

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 03/19/2010. The reference diagnosis is a knee sprain. This patient is a 58-year-old woman who sustained an injury from kneeling at work. This claim has been accepted at the left knee. MRI imaging of the left knee from 05/2010 demonstrated an osteochondral defect in the lateral patellar facet and at least a partial-thickness tear of the anterior cruciate ligament. This patient is status post arthroscopy with microfracture 05/16/2011 of the left knee, and also diagnostic and operative arthroscopy with anterior cruciate ligament reconstruction in 10/2011. By 05/07/2013, the patient reported some give-way catching of the knee, and was noted to have some swelling with no gross instability and with zero-30 degree flexion. By 07/03/2013, the plan was for a gym membership, as well as physical therapy 3 times a week for 6 weeks given ongoing symptoms of catching and give-way.

Initial physician review noted the patient underwent several sessions of physical therapy previously, and the medical records did not document functional improvement from that treatment and also noted that chiropractic is not supported for the knee. Therefore, that reviewer recommended this request be non-certified.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. Physical therapy QTY: 18.00 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical medicine, pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines recommend "allow for fading of treatment frequency plus active self-directed home physical medicine." The medical records provided for review do not clearly indicate specific functional goals or rationale for additional supervised therapy. **The request for physical therapy QTY: 18.00 is not medically necessary and appropriate.**

**2. Chiropractic sessions QTY: 18.00 is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, page 58, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that manual therapy and manipulation of the knee is not recommended. The medical records provided for review do not indicate an alternate rationale for ongoing chiropractic treatment to the knee given, which is not recommended by the guidelines. **The request for chiropractic sessions QTY: 18.00 is not medically necessary and appropriate.**

/sh

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.

[REDACTED]  
[REDACTED]  
[REDACTED]

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