
Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/18/2013

6/30/2011

7/25/2013

CM13-0003221

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy, three (3) times a week for four (4) weeks for the right knee and neck **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for trigger point injection to the left trapezius received on 7/1/13 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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, three (3) times a week for four (4) weeks for the right knee and neck **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for trigger point injection to the left trapezius received on 7/1/13 **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 16, 2013:

"This 51-year-old female sustained an injury on 6/30/11. The mechanism of injury was a trip and fall over a pile of power cords. The diagnosis was status post right open knee surgery for a stem cell implant for loss of cartilage on 4/4/2013 by Dr. [REDACTED]. She had prior arthroscopic surgery in March 2012. She had persistent right thigh, groin, and leg pain, as well as neck pain with prior history of cervical fusion. The pain went into her left arm and up into the left shoulder. The cause of pain was industrial. The MRI report of the left shoulder from 1/9/13 showed mild supraspinatus tendinosis, mild subscapularis tendinosis, and mild acromioclavicular degenerative disease. No tears were evident. A report from [REDACTED] MD dated 6/3/13 noted that the patient was several weeks out from a Carticel transplant. The incisions were well healed and the swelling was gone. The plan was for a formal physical therapy program with emphasis on range of motion and function. The progress report by [REDACTED] MD dated 7/1/13 noted that the patient returned with persistent pain in her right knee with not much change since surgery. She was given instructions to do 50% weight bearing in the right knee and was waiting for physical therapy as well. The patient also noted increased pain in the left side of the neck from the use of crutches and requested an injection there. Her current medications included MS Contin 30 mg, Norco 10/325, Relafen 750, Ambien 5 mg, and Reglan 10mg. The objective findings noted that the patient did not have antigravity strength at the right lower extremity. She was able to straighten the knee out to neutral position,

and her scar was well healed. She was not weight bearing yet. The patient was given a trigger point injection to the left trapezius. Dr. [REDACTED] noted the plan was to continue with medications and physical therapy 3 times a week for 4 weeks as it had been almost 3 months since her surgery, and she needed to start physical therapy for the right knee as well as her neck pain. The patient was on temporary total disability that was extended to 7/31/13.”

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
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy, three (3) times a week for four (4) weeks for the right knee and neck:

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), Physical Medicine, pages 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Post-Surgical Treatment Guidelines (2009), which are part of the MTUS, but did not cite a specific page or section. The Claims Administrator additionally cited the Official Disability Guidelines (ODG), Neck Chapter, Physical Therapy 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 MTUS Chronic Pain Guidelines, pages 98-99.

Rationale for the Decision:

The employee was injured on 6/30/11 and has experienced pain in the right thigh, groin, right knee and left side of the neck into the left arm. Treatment to date has included right knee surgery, imaging studies, a trigger point injection to the left trapezius, and medications. The request is for physical therapy, three (3) times a week for four (4) weeks for the right knee and neck.

The MTUS Chronic Pain Medical Treatment Guidelines recommend 9 to 10 sessions of physical therapy over 8 weeks for treatment of myalgia and myositis. Medical records submitted and reviewed lack comprehensive documentation of the employee’s cervical spine evaluation. The request for 12 sessions of physical therapy exceeds the recommendation of the guidelines. The request for physical therapy, three (3) times a week for four (4) weeks for the right knee and neck **is not medically necessary and appropriate.**

2) Regarding the retrospective request for trigger point injection to the left trapezius received on 7/1/13:

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), Trigger point injections, pg. 122, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 6/30/11 and has experienced pain in the right thigh, groin, right knee and left side of the neck into the left arm. Treatment to date has included right knee surgery, imaging studies, a trigger point injection to the left trapezius, and medications. A retrospective request was submitted for a trigger point injection to the left trapezius received on 7/1/13.

The MTUS Chronic Pain Medical Treatment Guidelines indicate in the criteria for trigger point injections that there should be: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms that have persisted for more than three months; documentation that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and radiculopathy is not present (by exam, imaging, or neuro-testing). Medical records submitted and reviewed indicate that there was no comprehensive evaluation submitted of the employee's cervical spine to support trigger point injections having been performed. Furthermore, there was no indication of the length of time for which the employee has had pain and symptoms in the cervical spine or that medical management therapies were attempted prior to trigger point injections and were unsuccessful in controlling the employee's pain. The criteria have not been met. The retrospective request for a trigger point injection to the left trapezius received on 7/1/13 **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, 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.