
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 8/24/2012
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003457

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued physical therapy two (2) times six (6) for the knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for post operative physical therapy two (2) times six (6) for the right shoulder **is 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 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 continued physical therapy two (2) times six (6) for the knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for post operative physical therapy two (2) times six (6) for the right shoulder **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Occupational Medicine 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:

██████████ is a 48 year old (██████████) male with a reported date of injury on 08/24/13. Mechanism not found. The carrier has accepted the ankle (unknown side).”

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 7/25/2013)
- Utilization Review Determination from ██████████ (date 7/22/2013)
- Medical Documents from ██████████ (9/27/2013)
- Medical Treatment Utilization Schedule(MTUS)

1) Regarding the request for continued physical therapy two (2) times six (6) knee:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13, page 338), which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 8/24/2012 and experienced a lateral meniscus tear. The employee has had 6 prior post-operative physical therapy visits. A request was submitted for continued physical therapy two (2) times six (6) knee.

The ACOEM Guidelines state that a few sessions of physical therapy can be used to educate the patient on proper exercises. The employee has already had at least six sessions of physical therapy. However, there is no documentation of how the physical therapy has helped or why additional physical therapy is necessary. The request for continued physical therapy two (2) times six (6) knee **is not medically necessary and appropriate.**

2) Regarding the request for post operative physical therapy two (2) times six (6) right shoulder:

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 section, pages 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Postsurgical Treatment Guidelines, page 26, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 8/24/2012 and experienced a lateral meniscus tear. The employee has had 6 prior post-operative physical therapy visits. A request was submitted for post-operative physical therapy two (2) times six (6) right shoulder.

The MTUS Postsurgical Treatment Guidelines indicate that for post-operative rotator cuff impingement surgery, the employee should have 24 physical therapy visits over 14 weeks. As the employee is only seven weeks post surgery, the requested additional physical therapy visits are within the 14 week timeframe. In addition, the records submitted for review indicate the employee has only had 6 prior visits of physical therapy. The request for post operative physical therapy two (2) times six (6) right shoulder **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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

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.