

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 8/10/2012
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003627

- 1) MAXIMUS Federal Services, Inc. has determined the request for work conditioning of the left knee, two (2) times a week for six (6) weeks **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 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 work conditioning of the left knee, two (2) times a week for six (6) weeks **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 5, 2013:

"Clinical summary: According to the PR-2 dated 6/18/13 by [REDACTED], MD, the patient was overall feeling better. On examination, there was limited range of motion at the left knee. On examination, overall the patient was better. The treatment plan was "to continue to improve and will start a conditioning prior to release to work." The patient was temporarily totally disabled for 6 weeks. The patient's diagnosis was knee/leg sprain/strain. This is a review for medical necessity of work conditioning 2 times a week for 6 weeks for the left knee."

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 (received 07/25/2013)
- Utilization Review Determination from [REDACTED] (dated 7/05/2013)
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for work conditioning of the left knee, two (2) times a week for six (6) weeks :**

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 (2009), pages 125-126, which are part of the California

Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Physical Medicine Guidelines, Work Conditioning section, which is a medical treatment guideline that is not part of the 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:

The employee sustained a work-related injury on 08/10/2012 resulting in a contusion and sprain of the left knee. The employee is status/post left knee surgery and treatment has included prior physical therapy and imaging. A request for work conditioning of the left knee, two (2) times a week for six (6) weeks was submitted.

The MTUS Chronic Pain Medical Treatment Guidelines indicate that the criteria for a work hardening program include program timelines of completion in 4 weeks consecutively or less. The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. The ODG recommends 10 visits over 8 weeks. No records were provided that indicate whether any type of screening process was performed, and the requested 12 sessions exceeds the 10 visits recommended by the guidelines. The request for work conditioning of the left knee, two (2) times a week for six (6) weeks **is not medically necessary or 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

/skf

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.