

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:	7/9/2013
Date of Injury:	4/26/2012
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003685

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy, two (2) times a week for four (4) weeks to the right ankle **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/9/2013. 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 physical therapy, two (2) times a week for four (4) weeks to the right ankle **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 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 9, 2013:

~~The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The mechanism of injury was a corner of a bed falling against the dorsum of her right foot and ankle and scraped the interior portion of her shin. Medications included Motrin and Tylenol. Surgical history was not provided. Diagnostic studies included MRI of the right ankle on 05/05/2013 and read by [REDACTED] M.D. The MRI showed no ligamentous injury, no osteochondral injury, and the anterior extensors, Achilles, medial flexors, and peroneal tendons are normal. Other therapies consisted of physical therapy. The records that were received were illegible. The patient was a 33 year old female with an injury date of 04/26/2012. At that time she reported an injury to her right ankle and foot. This case has been reviewed and non-certified. The patient has participated in physical therapy for 9 sessions with no report to compare how she improved or didn't; and if she is continuing a home exercise program. The request for 8 additional sessions of physical therapy exceeds guideline recommendations for total duration of care. As such, the request is non-certified.~~

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 on 07/26/13)
- Utilization Review Determination from [REDACTED] (dated 07/09/13)
- Medical Treatment Utilization Schedule (MTUS)

Note: The Claims Administrator did not submit medical records in a timely manner for this case.

1) Regarding the request for physical therapy, two (2) times a week for four (4) weeks to the right ankle:

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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 14, pages 369-370, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Chronic Pain Medical Treatment Guidelines (2009), pages 98-99, which are part of the MTUS. Additionally, the Claims Administrator cited the Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy section, which is a medical treatment guideline that is not part of the MTUS. The Expert Reviewer relied on the the sections of the MTUS used by the Claims Administrator.

Rationale for the Decision:

The employee sustained a work-related injury on 04/26/12 resulting in an injury to her right ankle and foot. The utilization review provided for review indicate treatments have included medications, MRI of the right ankle and physical therapy sessions. A request for appeal for physical therapy, two (2) times a week for four (4) week to the right ankle was submitted.

The ACOEM Guideline recommends limited physical therapy and progression to home exercise programs. The MTUS Chronic Pain Guideline recommends weaning of physical therapy (PT) and home exercise. The employee has already had 9 sessions of PT without documented improvement. There are no PT documents available for review. The request for appeal for physical therapy, two (2) times a week for four (4) weeks to the right ankle **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

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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.