

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	1/18/2012
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0003853

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 3 times 4 to the left knee is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 3 times 4 to the left knee 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.

Expert Reviewer Case Summary:

Dr. [REDACTED]'s first report appears on 6/20/13, noting lower back pain, hip and left knee pain. He states lumbar ROM is decreased, but does not measure it. There was attached cervical ROM, right and left lower extremity ROM. There is a narrative report dated 6/20/13 by Dr. [REDACTED] that does measure the lumbar ROM. The patient injured her left knee and low back from a fall on 1/18/12. She fractured her kneecap. There was extensive PT throughout 2012, which provided pain relief, but not much in terms of functional improvement. Knee ROM was within 15 degrees of normal flexion by 1/16/13, PT had been denied by UR but by 2/27/13 there was full left knee ROM, and normal strength, the patient had returned to work and was released from care on 4/2/13. The patient then sees Dr. [REDACTED] on 6/20/13 and he recommends PT 3x4, but does not mention outcome of the prior sessions. The 6/20/13 narrative report discusses left knee patellar crepitus, positive McMurrays, and joint line tenderness. His diagnoses includes lumbar radiculitis, hip bursitis and knee tendinitis/bursitis. On 7/18/13 Dr. [REDACTED] notes decreased sensation, left L5 and S1 distribution. He reports that the patient says the prior PT did help reduce her pain and increase ROM and allow facilitation of ADL.

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
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy 3 times 4 to the left knee :

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 Physical Therapy: CA MTUS, page 474.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 98-99, Physical Medicine section, which is part of the MTUS.

Rationale for the Decision:

The employee is reported to have had 6 months of physical therapy (PT) in 2012, and reports improvement in range of motion (ROM) and pain. The records show that the employee fractured the patella from a fall and knee ROM was lacking full flexion by 15 degrees. PT had been denied and during the denied timeframe from 1/16/13 to 2/27/13, the ROM actually improved to full ROM. Prior PT seemed focused on the knee, It did not appear that the employee had much PT related to the lumbar spine. There is not much of a description of the current PT regimen or what exercises the employee does at PT that cannot be performed at home. The MTUS Chronic Pain Guideline has recommendations for PT 8-10 visits for neuralgia or myalgia and radiculitis. The request for 12 sessions of PT exceeds the MTUS recommendations. **The request for physical therapy 3 times 4 to the left knee 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,

Paul Manchester, MD, MPH
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.