

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	8/1/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004203

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy bilateral knees Qty: 6 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 bilateral knees Qty: 6 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 52 year old female. Patient had a work injury dated on 1/8/2011 which resulted in a left meniscal tear, patellar dislocation and lower leg joint pain. A 12/5/12 request was for 12 sessions left knee post surgery physical therapy (PT) and right knee continuing PT. On 1/9/13 she underwent arthroscopic left knee surgery with partial medial meniscectomy, chondroplasty of the medial femoral condyle, chondroplasty of the medial tibial plateau, patelloplasty, partial lateral meniscectomy, removal of loose bodies, and partial synovectomy with intraarticular injection. She has returned to work as of 7/15/13 with no restrictions. PT note from 5/1/13 documents the PT visit as #16 with [REDACTED] Documentation dated 6/28/13 dates PT visit as #11 with discharge on this date from PT. A PR-2 6/26/13 note documents that patient is "doing better" and only has mild pain. A request dated 7/12/13 was denied for PT 2x3 both knees. The request here again is whether PT bilateral knees x 6 is medically necessary. A PR-2 6/26/13 note documents that patient is "doing better" and only has mild pain.

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 the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy bilateral knees Qty: 6: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 CA MTUS 2009: Chronic Pain Treatment Guidelines, pages 98-99: Physical Medicine, Page 1, and page 48, Functional Improvement Measures, Definitions, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 and the Post-surgical Guidelines, Knee, page 25, which are part of the MTUS.

Rationale for the Decision:

It is unclear from documentation submitted and reviewed exactly how many therapy sessions the employee has had altogether but it does appear that the employee has exceeded the recommended MTUS postsurgical guideline for the employee's condition. A PT note from 5/1/13 documents the PT visit as number 16. Reviewed documentation dated 6/28/13 indicated the employee was discharged from PT. The medical records indicate at this point the employee is having less pain, has returned to work full duty and should be well versed in a home exercise program. The MTUS chronic pain medical treatment guidelines recommend a fading of therapy treatment frequency with an active self directed home program. **The request for physical therapy bilateral knees Qty: 6 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,

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.