

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	5/23/2011
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005205

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy two (2) times a week for six (6) weeks for the left knee** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pain management evaluation and treatment with Dr. [REDACTED] due to narcotic intake of Norco** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **left knee synvisc one (1) injection** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 six (6) weeks for the left knee is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pain management evaluation and treatment with Dr. [REDACTED] due to narcotic intake of Norco is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **left knee synvisc one (1) injection 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:

This patient is a 48-year-old male who reported an injury on 05/23/2011. The documentation submitted for review indicates the patient to have a history of left knee injury and right shoulder injury. The notes detailed a surgical history of the patient of left knee arthroscopy with medial meniscectomy repair in 12/2011, a revision left knee arthroscopy on 12/21/2012, a right shoulder arthroscopy on 05/17/2013 and a Synvisc injection to the left knee on 03/11/2013. Furthermore, the notes indicate that the patient has undergone at least 29 physical therapy sessions as of 05/03/2013 for the left knee. Current issues for determination include physical therapy 2 times a week for 6 weeks for the left knee, a pain management evaluation and treatment with Dr. [REDACTED] due to narcotic intake of Norco and a left knee Synvisc-One injection.

## 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 AdminSure
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request for physical therapy two (2) times a week for six (6) weeks for 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 the Official Disability Guidelines (ODG), Preface, Physical Therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS. The Expert Reviewer also cited the Clean Copy Guidelines, Knee, page 24, which is part of the MTUS.

#### Rationale for the Decision:

MTUS Guidelines indicate the recommendation for 12 postoperative physical therapy sessions following meniscectomy. The guidelines indicate a general recommendation for 8 to 10 sessions of physical therapy over 4 to 8 weeks for the treatment of myalgia and myositis. The documentation submitted for review indicate that as of 05/03/2013, the employee completed 29 sessions of physical therapy for the left knee with a surgery date of 12/21/2012. The notes indicated on 07/22/2013 that a recommendation was made regarding the employee's left knee for 12 physical therapy visits. Evaluation of the left knee on 07/22/2013 noted subjective complaints of increasing left knee pain reported with ascending stairs, sitting with the knee bent and raining and cold weather as well as with squatting and kneeling. However, there was a lack of objective evaluation indicating functional deficits regarding the employee's left knee to support the recommendation for further physical therapy. **The request for physical therapy two (2) times a week for six (6) weeks for the left knee is not medically necessary and appropriate.**

### 2) Regarding the request for pain management evaluation and treatment with Dr. [REDACTED] due to narcotic intake of Norco:

#### 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 Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain:

An Educational Aid to Improve Care in Safety with Opioid Therapy 2010 Update, page3, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Chapter 7, page 127, which is not part of the MTUS.

Rationale for the Decision:

ACOEM Guidelines indicate that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The documentation submitted for review indicates a clinical note dated 07/09/2013 from [REDACTED], indicating a recommendation for authorization for pain management evaluation and treatment with [REDACTED] for the date of injury of 05/23/2011 and all affected body parts as a result of the employee's continued pain, requiring narcotic pain medication, with the notes indicating that the patient currently takes approximately 6 Norco per day. However, there was no clear indication that the employee's current medication regimen, consisting of Norco, exceeds the recommendation of the guidelines for the daily morphine equivalent dose. Therefore, the recommendation for pain management evaluation and treatment is not supported. **The request for pain management evaluation and treatment with Dr. [REDACTED] due to narcotic intake of Norco is not medically necessary and appropriate.**

**3) Regarding the request for left knee synvisc one (1) injection:**

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 Official Disability Guidelines (ODG), Procedure Summary-Knee Hyaluronic Acid Injections, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Knee and Leg.

Rationale for the Decision:

Official Disability Guidelines (ODG) indicate that a repeat series of injections may be recommended if there is documented significant improvement in symptoms for a period of 6 months or more; after which, symptoms recur. The documentation submitted for review indicates that on 03/11/2013, the employee received a viscosupplementation injection to the left knee. The length of time for which the employee received benefit is not indicated in the notes following the injection on 03/11/2013. Therefore, based on the recommendation of the guidelines, an additional injection is not supported. **The request for left knee synvisc one (1) injection 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, 18<sup>th</sup> 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.