

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	4/4/2011
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005352

- 1) MAXIMUS Federal Services, Inc. has determined the request for **functional restoration program two (2) times a week for three (3) weeks for the right knee 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 7/9/2013. 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 **functional restoration program two (2) times a week for three (3) weeks for the right 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 Preventive Medicine and 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.

### **Expert Reviewer Case Summary:**

All 94 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED], is a represented [REDACTED] receptionist, who has filed a claim for chronic knee pain reportedly associated with an industrial of April 4, 2011.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; prior right knee ACL repair and reconstruction surgery of November 20, 2012; prior functional capacity evaluation on May 14, 2013, suggesting that the applicant falls within the light physical demand level; and extensive periods of time off of work.

The most recent progress report of July 29, 2013 is notable for comments that the applicant remains off of work, on total temporary disability. She reports intermittent moderate pain aggravated by kneeling and squatting. She exhibits a positive anterior drawer signs. She is asked to obtain a home exercise kit, pursue additional physical therapy, and employ electrical stimulation while remaining off of work, on total temporary disability.

### **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 functional restoration program two (2) times a week for three (3) weeks for the right 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Knee Complaints, which is part of the MTUS, and (ACOEM) Chapter 7, Independent Medical Examinations and Consultations, and the Official Disability Guidelines (ODG), which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Functional restoration programs (FRPs), pgs. 31-32 & 49, which are part of the MTUS.

#### Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines does endorse Functional Restoration Programs, the MTUS acknowledges that it is difficult to appropriately screen for inclusion in these programs. Additional criteria set forth on pages 31 and 32 of the MTUS Chronic Pain Medical Treatment Guidelines for inclusion in these programs include evidence of adequate and thorough evaluation with baseline testing in those individuals in whom previous means of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Other criteria include evidence that the applicant is willing to change and/or are willing to forgo disability payments. In this case, however, it does not appear that the employee is willing to change, wants to improve, and/or is willing to forgo a total temporary disability payments. The employee has seemingly made no effort to return to the workplace or workforce. It is further noted that the goals of the proposed functional restoration program (FRP) have not been clearly stated. It is not clearly stated why the employee cannot continue to try and rehabilitate through conventional outpatient office visits, counseling, home exercises, etc. **The request for functional restoration program two (2) times a week for three (3) weeks for the right 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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