

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	8/20/2012
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005421

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional post-op physical therapy three times a week for six weeks for the right foot/ankle **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 2) MAXIMUS Federal Services, Inc. has determined the request for **additional post-op physical therapy three times a week for six weeks for the right foot/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.

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

The patient is 52-year-old who fell off of scaffolding and fractured his calcaneus and had a right foot calcaneal open reduction and internal fixation (ORIF) on 9/4/2012. The patient had a cortisone injection and has some increased ROM. He is reported to continue to have scar tissue in the foot. He has had 12/12 physical therapy (PT) sessions ending on 5/13/2013. He had full dorsiflexion and eversion, had limitations in plantarflexion and inversion with 5/5 strength, 4+/5 in plantar flexion and had a pain level of 5/10. The PT report indicated increased objective gains and minimal subjective changes.

### **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 [REDACTED]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for additional post-op physical therapy three times a week for six weeks for the right foot/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 Chronic Pain Medical Treatment Guidelines, Physical Medicine guidelines, page 99, which is part of the MTUS and The Official Disability Guidelines, Ankle and Foot Section, 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, page 64 and the Post Surgical Treatment Guidelines, Ankle & Foot, page 13, which are part of the MTUS .

Rationale for the Decision:

The MTUS Post Surgical guidelines suggest 21 visits over 16 weeks for post operative ankle fracture. The employee is well over the guideline recommended 16 week treatment period. The MTUS Chronic Pain guidelines indicate 3 visits tapering to 1 visit per week plus active self-directed home exercises. The records note 12 visits of PT have been completed with good results and the guidelines indicate a home exercise program would be appropriate. The request for an additional 18 PT visits exceeds guideline recommendations. **The request for additional post-op physical therapy three times a week for six weeks for the right foot/ankle 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.