

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	4/13/2010
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007180

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 post-operative physical therapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Dendracin lotion 120ml **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 x-ray of the knee **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. 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 12 post-operative physical therapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Dendracin lotion 120ml **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **1 x-ray of the 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 Orthopedic Surgery, 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 a 52-year-old male with a date of occupational injury on 04/13/2010. The patient's occupational injury resulted in the need for a left knee arthroscopy, meniscectomy, medial and lateral, as well as ACL augmentation which took place 07/2012. In addition, the patient also had surgical repair of right knee meniscus. His right knee arthroscopy, synovectomy, chondroplasty and medial and lateral meniscectomy was performed on 06/26/2013. The patient's treatment history consists of oral medications, physical therapy, heat and ice, bracing, as well as the use of crutches and/or a cane.

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, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 12 post-operative physical therapy sessions:

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 Post-Surgical Treatment Guidelines, which is a part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, pgs. 10, 11-12, 24, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Post-Surgical Treatment Guidelines indicate that postsurgical treatment with physical therapy can only be prescribed by the surgeon who performed the operation, and nurse practitioner or physician assistant working with the surgeon or a physician designated by that surgeon. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The patient shall be re-evaluated following continuation of therapy when necessary or no later than every 45 days from the last evaluation to document functional improvement to continue with physical medicine treatment. The request as written is for 12 postoperative physical therapy sessions. Guidelines indicate the general course of 12 visits over 12 weeks is appropriate for meniscectomy. However, Guidelines indicate that if postsurgical physical medicine is necessary, an initial course may be prescribed which consists of half of the number of visits specified in the general course of therapy for the specified surgery. The requested number of therapy sessions exceeds guideline recommendations for initial post-operative therapy. **The request for 12 post-operative physical therapy sessions is not medically necessary and appropriate.**

2) Regarding the request for Prilosec 20mg #60:

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, NSAIDs, GI symptoms & cardiovascular risk, which is a part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pgs. 68-69, which are a part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate in terms of Prilosec or proton pump inhibitors, guidelines recommend use for patients at risk for gastrointestinal events. Criteria to suggest a patient is at risk includes age greater than 65, history of peptic ulcer or GI bleed, concurrent use of aspirin, corticosteroids, and/or an anticoagulant and high dose multiple NSAIDs. According to the documentation submitted for review, there is no information to suggest the employee meets any of the risk factor criteria for a PPI at this time. There is a lack of documentation indicating any history of peptic ulcer, GI bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple NSAIDs. The guideline criteria have not been met. **The request for Prilosec 20mg #60 is not medically necessary and appropriate.**

3) Regarding the request for Dendracin lotion 120ml:

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, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111, Which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Salicylate topicals are recommended as this is significantly better than placebo in chronic pain. While the employee does have a longstanding history of knee pain, there is no indication the employee has any neuropathic pain or has tried and failed the use of antidepressants and anticonvulsants. The clinical information submitted also does not detail the employee's response to this medication to support continuation. Without this documentation, the guidelines do not support the use

of a topical compound. The guideline criteria have not been met. **The request for Dendracin lotion 120ml is not medically necessary and appropriate.**

4) Regarding the request for 1 x-ray of the 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), Knee & Leg (Acute & Chronic), which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Knee Complaints, Special Studies and Diagnostic and Treatment considerations, page 341-343, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ACOEM guidelines indicate that current guidelines recommend plain film x-rays for use in patients with significant hemarthrosis and history of acute trauma. The submitted clinical information lacked physical examination findings to meet criteria for the requested x-ray. The employee is noted to be status post bilateral knee surgery and there was no indication of postoperative complications to support x-ray at this time. The guideline criteria have not been met. **The request for 1 xray of the 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

/ldh

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.