

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/25/2013

11/28/2011

8/5/2013

CM13-0007535

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy two (2) times a week for nine (9) weeks 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 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 nine (9) weeks 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:

The applicant, Ms. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with industrial injury of November 28, 2011.

Thus far, she has been treated with the following: Analgesic medications; prior knee arthroscopy on May 3, 2013; unspecified amounts of acupuncture; 11 sessions of prior physical therapy, per her prior utilization review report of July 25, 2013; extensive periods of time off work, on total temporary disability.

In a prior utilization review report of July 25, 2013, the claims administrator denied a request for nine additional sessions of physical therapy.

The applicant's attorney subsequently appealed on August 6, 2013.

A recent clinical progress note of July 7, 2013 is handwritten, not entirely legible, difficult to follow, is notable for comments that the applicant should pursue an additional 18 sessions of postoperative physical therapy following the May 2013 knee surgery. The applicant is, however, kept off work, on total temporary disability. Large portions of the note are illegible and difficult to follow.

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 physical therapy two (2) times a week for nine (9) weeks:

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 Postsurgical Treatment Guidelines, Knee, pg. 24, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, which is part of the MTUS.

Rationale for the Decision:

The employee had treatment in amounts consistent with the 12-session course endorsed in the postsurgical treatment guidelines following knee arthroscopy/meniscectomy. Postsurgical treatment can be discontinued at any point during the postsurgical physical medicine period if an applicant fails to have had functional improvement. In this case, there is no clear evidence of functional improvement following completion of prior treatment. The documentation file is handwritten, largely illegible, seemingly suggested the employee still remains off work, on total temporary disability, which argues against functional improvement as defined in the guidelines. The guideline criteria have not been met. **The request for physical therapy two (2) times a week for nine (9) weeks 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.