

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	5/6/2010
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007963

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 2 times a week for 6 weeks for right heel is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 2 times a week for 6 weeks for right heel 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:

The patient has a date of injury 5/6/10. The patient's diagnoses include: lumbar spine sprain with 2-3 mm disc bulges at L5-S1, stable, right knee status post arthroscopy, left knee pain, stable, right heel injury from direct trauma at the time of injury. The progress report dated 7/10/13 by Dr. [REDACTED], M.D. noted that the patient continues to have tenderness at the base of the right heel. The patient is limping. The patient has completed physical therapy for the back and knee but not for the right heel pain. 12 sessions of physical therapy were requested.

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 physical therapy 2 times a week for 6 weeks for right heel:

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, 2nd Edition, Chapter 14, Ankle and Foot Complaints, Table 14-6, which is part of the MTUS and the Official Disability Guidelines (ODG), (online edition), Ankle & Foot, Physical Therapy (PT) and ODG Preface, 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.

Rationale for the Decision:

The Chronic Pain Guidelines recommends physical medicine, and state that physical medical treatment frequency should decrease over time from 3 visits per week to 1 or less with the goal of a self-directed home exercise program. The guidelines indicate that nine (9) to ten (10) visits over eight (8) weeks are recommended for myalgia and myositis and eight (8) to ten (10) visits over four (4) weeks for neuralgia, neuritis, and radiculitis. The medical records provided for review indicate that the employee continued to have tenderness at the base of the right heel, and was limping. The request for twelve (12) sessions of physical therapy exceeds the guideline recommendation. **The request for physical therapy two (2) times a week for six (6) weeks for right heel 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

/sh

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.