**MAXIMUS FEDERAL SERVICES, INC.**
Independent Medical Review
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MAXIMUS Federal Services

## Notice of Independent Medical Review Determination

Dated: 11/26/2013

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|---|---|
| Employee: | |
| Claim Number: | |
| Date of UR Decision: | 7/8/2013 |
| Date of Injury: | 10/6/2011 |
| IMR Application Received: | 8/6/2013 |
| MAXIMUS Case Number: | CM13-0008379 |

1) MAXIMUS Federal Services, Inc. has determined the request for **eight (8) physical therapy visits for the left foot/ankle 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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 **eight (8) physical therapy visits for the left 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 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 medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [redacted], is a represented [redacted] employee who has filed a claim for chronic left foot and ankle pain reportedly associated with an industrial injury of October 6, 2011.

Thus far, he has been treated with the following: Analgesic medications; apparent diagnosis of planar fasciitis and plantar facia release surgery on August 6, 2012; at least 16 sessions of postoperative physical therapy between the date of surgery on August 6, 2012 and October 1, 2012; orthotics; and a 10% whole-person impairment rating.

In a utilization review report of July 8, 2013, the claims administrator denied a request for eight additional sessions of physical therapy for the foot and ankle, citing the ODG guidelines.

An earlier note of July 19, 2013 is notable for comments that the applicant reports persistent foot and ankle pain, exhibits very minimal tenderness, has no swelling, and receives recommendations to return to work with a 40-pound lifting limitation and employ tramadol for pain relief.

A later handwritten note of August 15, 201, suggests that the applicant can return to work without restrictions on a trial basis, is doing well with no complaints, exhibits full range of motion, and is asked to use over-the-counter NSAIDs alone.

**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 eight (8) physical therapy visits for the left 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 Official Disability Guidelines (ODG), Physical Therapy Guidelines, Ankle and Foot Chapter, (ICD9 728.71), which is not a part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pgs. 98-99, which are part of the MTUS.

   Rationale for the Decision:
   MTUS Chronic Pain Medical Treatment Guidelines indicate that in the chronic stage of an injury, the emphasis should appropriately be on active modalities, self-directed home therapy, and on fading of overall treatment frequency.
   The medical records provided for review show that the most recent progress note provided suggests that the employee exhibits normal range of motion, is using only over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs), and has returned to regular duty work. There does not appear to be much in the way of a compelling case for a lengthy, eight-session course of physical therapy such as that proposed by the attending provider. **The request for eight (8) physical therapy visits for the left 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, 18th Floor
Oakland, CA 94612

/ejf

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.