

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

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Dated: 1/31/2014

IMR Case Number:	CM13-0024565	Date of Injury:	09/21/2011
Claims Number:	██████████	UR Denial Date:	09/06/2013
Priority:	STANDARD	Application Received:	09/16/2013
Employee Name:	████████████████████		
Provider Name:	████████████████████		
Treatment(s) in Dispute Listed on IMR Application:			
PHYSICAL THERAPY 2XWK X 3WKS RIGHT KNEE			

DEAR ██████████,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 35-year-old female who reported an injury on 9/21/11. The mechanism of injury was a fall. The initial course of treatment is unclear; however, the patient's current diagnoses include cervical radiculopathy, rotator cuff syndrome, and internal derangement, body part unspecified. The medical records included for review contained an MRI report of the right knee done on 8/14/13. Findings included a cystic ganglion in the intercondylar notch, and suspected mal tracking of the patella with cartilage thinning and irregularity of the patella and superolateral impingement. According to the clinical note dated 2/27/13, the patient received an unknown duration of acupuncture and acupressure to an unknown body area that resulted in decreased pain. The patient was prescribed a knee brace on 4/3/13, but continued to have complaints of anterior knee pain and locking. The patient is also noted to have received cortisone injections on 8/15/13 as well as 8/27/13, with a decrease in knee symptoms. There is no evidence in the medical records submitted for review of a decreased range of motion in the knee, decreased motor strength, or decreased function.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

- 1. The request for physical therapy for the right knee twice a week for three weeks is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 99.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 98-99.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines recommend physical medicine for unspecified myalgia and myositis. Guidelines state that active therapy is beneficial for restoring flexibility, strength, endurance, function, and range of motion, as well as alleviating discomfort. Guidelines state that treatment frequency is expected to be decreased, and the patient is to perform a self-directed home physical exercise program. Although the current request of six visits is within guideline recommendations, there is no objective documentation provided in the medical records regarding the patient's current range of motion, limitations, or muscle weakness. There is also no documentation that the patient has any functional limitations in performing activities of daily living, thereby indicating a need for therapy. As such, the request is non-certified.

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.

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[REDACTED]

CM13-0024565