

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/22/2013
Date of Injury:	2/2/2013
IMR Application Received:	5/23/2013
MAXIMUS Case Number:	CM13-0000470

- 1) MAXIMUS Federal Services, Inc. has determined the request for Motrin medication **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec medication **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for physiotherapy two times a week for six weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/23/2013 disputing the Utilization Review Denial dated 5/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 Motrin medication **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec medication **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for physiotherapy two times a week for six 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 22, 2013:

“This patient is a 45 year-old female with a February 2, 2013 injury to the lower back and right knee. She was seen that day in the Emergency Department for complaints of pain in the right knee, right elbow and right hip. Diagnoses provided were right upper and lower extremity contusions and mechanical fall. X-rays of the right knee were taken and no abnormality was seen. She was seen in follow up with Dr. Juma on February 6, 2013, and she reported pain at 8-9/10, mainly in the right hip and low back, and the elbow pain resolved. Right knee pain was 6-7/10. At this visit, Dr. [REDACTED] provided her with a toradol injection, Naproxen, flexeril, x-rays of the hip, low back and SI joint, Tylenol #3, heat, diclofenac gel and a hinged knee brace. On February 14, 2013 Dr. [REDACTED] saw her again, and she reported a decrease in pain of the right hip buttock area, but she still has pain in the right knee. X-rays of the right hip, lumbar spine, sacroiliac joint and right knee were all normal. He prescribed her to start physical therapy 2x3 at this time, and she continued on modified work. She started physical therapy at Performance Physical Therapy on February 20, 2013. The next documentation presented is from Dr. [REDACTED] M.D., Orthopedist dated March 4, 2013. He provides a lengthy report and got MRI's of the lumbar spine and right knee. On April 29, 2013, he saw her in follow up and notes that she would benefit from a course of physical therapy for her back and right knee. He prescribed Motrin and Prilosec and has continued her on temporary total disability. This is a request for 12 physical therapy sessions to the right knee and lower back. On May 17, 2013, the nurse consultant made this request: 1. Please provide the dosage, dosing instructions and the quantity

provided for the medications prescribed. 2. Please clarify if you are requesting active Physical therapy or passive physiotherapy for the low back and right knee. 3. Please indicate the amount of physical therapy or physiotherapy that this claimant has had since the inception of this claim. If she has had therapy please provide objective findings of functional improvement obtained as a result of the therapy. 4. Please indicate the need for more initial therapy in excess to the evidence based medical guideline recommendation of a trial of 6 sessions." In response was received reports already received. The patient apparently has been receiving passive therapy modalities from a chiropractor and has completed 3 of 6 authorized physical therapy sessions from [REDACTED]. The specific requested information has not been received and therefore the request is denied due to lack of information."

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 for Independent Medical Review (received 5/23/2010)
- Utilization Review Determination from [REDACTED] (dated 5/22/2013)
- Employee medical records from [REDACTED], M.D.
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Motrin medication:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, 2004, Chapter 3, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 2/2/13 and has experienced chronic knee pain, chronic low back pain and psychological stress. The record indicates that An MRI of the lumbar spine was notable for low-grade disc bulges of uncertain clinical significance. Treatment has included analgesic medications, care from providers in various specialties, imaging, an MRI, and an unspecified amount of physical therapy visits. The record indicates that an MRI of the right knee was notable for a meniscal tear. The request was submitted for Motrin medication.

The ACOEM guidelines states that non-steroidal anti-inflammatory drugs are indicated in the treatment of acute-to-subacute musculoskeletal pain. The medical records provided for review show that the employee has failed to derive any lasting benefit or functional improvement through prior usage of the same. Significant physical impairment persists and the employee has failed to demonstrate any improvement in terms of work status and/or work restrictions. The employee remains off of work, on total temporary disability. The employee also remains reliant on various medical treatments, including office visits with different providers and physical therapy. Therefore, there is a lack of evidence of

functional improvement as defined per the ACOEM guidelines. The request for Motrin medication **is not medically necessary and appropriate.**

2) Regarding the request for Prilosec medication:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator didn't cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 69, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 2/2/13 and has experienced chronic knee pain, chronic low back pain and psychological stress. The record indicates that An MRI of the lumbar spine was notable for low-grade disc bulges of uncertain clinical significance. Treatment has included analgesic medications, care from providers in various specialties, imaging, an MRI, and an unspecified amount of physical therapy visits. The record indicates that an MRI of the right knee was notable for a meniscal tear. The request was submitted for Prilosec medication.

The MTUS Chronic Pain Medical Treatment Guidelines endorse the usage of proton pump inhibitor to combat non-steroid anti-inflammatory drugs (NSAID)-induced dyspepsia. However, the medical records provided for review do not show evidence of dyspepsia, either NSAID-induced or stand alone in this case, which is required by the guidelines. The request for Prilosec medication **is not medically necessary and appropriate.**

3) Regarding the request for physiotherapy two times a week for six weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 8, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 2/2/13 and has experienced chronic knee pain, chronic low back pain and psychological stress. The record indicates that An MRI of the lumbar spine was notable for low-grade disc bulges of uncertain clinical significance. Treatment has included analgesic medications, care from providers in various specialties, imaging, an MRI, and an unspecified amount of physical therapy visits. The record indicates that an MRI of the right knee was notable for a meniscal tear. The request was submitted for physiotherapy two times a week for six weeks.

The MTUS Chronic Pain Medical Treatment Guidelines state that there should be demonstration of functional improvement at various milestones in the functional restoration program in order to justify continued treatment. In this case, the employee has had prior unspecified amounts of physical therapy, but there is no evidence of functional improvement following completion of the same. The employee has also failed to return to work and has failed to demonstrate any improvement in terms of work status, work restrictions, activities of daily living, and/or reduction in dependence on medical treatment. The employee exhibits continued significant physical impairment, all of which do not support any evidence of functional improvement as defined in the guidelines. The request for physiotherapy two times a week for six 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/th

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.