
Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/17/2013

4/19/2013

5/28/2013

CM13-0000494

- 1) MAXIMUS Federal Services, Inc. has determined the request for post-surgical physical therapy, twelve sessions for arthroscopic meniscal repair **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/28/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 post-surgical physical therapy, twelve sessions for arthroscopic meniscal repair **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 17, 2013:

"The patient is a 50-year-old female who sustained an injury on 04/19/13 when she backed into a fiberglass slide and her right knee hyperextended; she developed pain along the medial side of the knee and felt a tearing sensation; she also developed right shoulder pain when repetitively lifting of packages of up to 70 pounds and placing them overhead. MRI of the right knee without contrast was performed on 03/07/13 revealed the following: 1. Complex tear of the posterior horn and body of the medial meniscus with denudation of the articular cartilage of the medial compartment and underlying bony eburnation within the femoral and tibial margins of the compartment, there was also bone marrow edema within the periphery of the medial tibial plateau and the anteromedial femoral condyle. 2. Fissure of the central trochlear cartilage with underlying bony eburnation, there was marked thinning of the articular cartilage of the patella and the trochlea. 3. Moderately large joint effusion. In an office visit notes by Dr. [REDACTED] on 04/22/13, the patient reported that six months ago she experienced right knee and right shoulder pain. It was noted that x-ray of the knee was performed and revealed decreased cartilage. In February, the patient notes worsening of right knee pain. In the initial orthopedic consultation by Dr. [REDACTED] dated 05/10/13, the patient had been treated with Motrin and had some physical therapy which provided minimal relief. On the examination of the right knee there was no obvious deformity of the knee joint and no swelling, McMurray's was positive for pain at medial joint line and tenderness was noted along medial joint line; sensation was intact, no motor deficits, and no abnormal reflexes. Recommendations included right knee arthroscopy, physical therapy for the right shoulder and right knee, and Celestone injection at the right shoulder subacromial space which the

Patient declined. The requests are for right knee arthroscopy and 12 post-operative physical therapy. I recommend modification to right knee arthroscopy and 6 postoperative physical therapy visits. A non-certification/modification Disclaimer was provided.”

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 on 05/28/2013
- Utilization Review Determination from [REDACTED] (dated 05/17/2013)
- Employee medical records from [REDACTED] (dated 07/12/2013)
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** post-surgical physical therapy, twelve sessions for arthroscopic meniscal repair:

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

The Claims Administrator based its decision on the Post Surgical Treatment Guidelines, Postsurgical treatment, (no page cited), part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Post Surgical Treatment Guidelines, Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella, pg. 25, part of MTUS, as applicable and relevant to the issues at dispute.

Rationale for the Decision:

The employee sustained an industrial related injury to the right knee on 4/19/13. Review of the medical records submitted indicates that treatments have included MRI, X-ray, Motrin and physical therapy. The records document that the employee is experiencing worsening pain in the right knee and was approved for a right knee arthroscopy. A request was submitted for 12 post-operative physical therapy visits to the right knee.

MTUS states the “Initial course of therapy” means one half of the number of visits specified in the general course of therapy...” In this case, for meniscectomy, the “general course of therapy” is listed as 12 visits, so the initial course of care would consist of 6 visits. The request for 12 initial post-surgical PT sessions is not in accordance with the MTUS post-surgical recommendations. The request for 12 post-operative physical therapy visits to the right knee **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

/db

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.