

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested physiotherapy visits 2 times a week for 6 weeks **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/31/2013 disputing the Utilization Review Denial dated 5/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/3/2013. 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 requested physiotherapy visits 2 times a week for 6 weeks **is 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review summary sheet dated May 6, 2013.

“According to the records made available for review, this is a 52-year-old female patient, s/p injury 3/6/13. The patient most recently (3/22/13) presented with right knee swelling. Physical examination is not specified. Current diagnoses include right knee sprain and r/o medial meniscus or ACL tear. Treatment to date includes medications. Treatment requested is Physio Therapy 2x6.”

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
- Utilization Review Determination by [REDACTED] (dated 5/6/13)
- Utilization Review Summary Sheet by [REDACTED] (dated 5/8/13)
- Employee's Medical Records by [REDACTED] (dated 3/22/12)
- Employee's Medical Records by [REDACTED] (dated 3/6/13 and 3/7/13)
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 6: Pain, Suffering, and the Restoration of Function Chapter (page 114)
- Official Disability Guidelines (ODG) – Knee and Leg Chapter: Physical Medicine Treatment Section
- Official Disability Guidelines (ODG) – Preface: Physical Therapy Guidelines
- MTUS 2009 Chronic Pain Guidelines: page 98-99

1) Regarding the request for physiotherapy visits 2 times a week for 6 weeks:

Medical Treatment Guideline(s) 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 (ACOEM) Guidelines, 2nd Edition, (2004) – Pain, Suffering, and the Restoration of Function Chapter (page 114), which is not part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Physical Therapy Guidelines Section and ODG – Knee and Leg Chapter, which are also not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (pages 98-99), which are part of the MTUS. The Expert Reviewer found that the MTUS is relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/6/2013 and was diagnosed with a right knee sprain. The most recent progress report submitted (dated 3/22/2013) indicated the patient had right knee swelling. The medical records received and reviewed show that the patient has been treated with medications.

The Chronic Pain Medical Treatment Guidelines recommend physical therapy to provide short term relief during early phases of pain treatment and are directed at controlling pain, inflammation, and swelling. The guidelines also state physical therapy can help control pain, inflammation, and swelling during the rehabilitation process. The requested physiotherapy visits 2 times a week for 6 weeks are 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

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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.