

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/29/2013
Date of Injury:	2/7/2013
IMR Application Received:	6/10/2013
MAXIMUS Case Number:	CM13-0000632

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional six physical therapy sessions for the right tibia is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/10/2013 disputing the Utilization Review Denial dated 5/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/12/2013. 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 **additional six physical therapy sessions for the right tibia** 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 Physical Medicine and Rehabilitation and in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 34 year old male who has sustained a work related injury to the right leg and ankle on February 7, 2013. Mechanism of injury is due to being on his feet and running back and forth to the parking lots on asphalt to get cars for guests at their restaurant. Reported diagnosis is a stress fracture of the right tibia. Treatment to date includes 18 sessions physical therapy (PT) with significant pain relief, a home exercise program (HEP), MRI, modified work duties, and medication including Advil and iodine. All x-rays were negative. MRI of the right tibia and fibula on May 21, 2013 showed stress fracture at anteriordistal tibia with associated bone marrow edema and subcutaneous soft tissue edema. The patient is currently working with restrictions. A physical examination on March 28, 2013 revealed normal motor strength, normal sensation, intact reflexes, and full ankle range of motion. Also, the patient had a very tender tibia at the junction of proximal 2/3 and distal 1/3 of tibia. Medical progress report dated May 17, 2013 stated that the patient presents for a follow up and to have his MRI reviewed. He stated the pain in his right lower leg had been improving with PT and daily HEP (he has shown functional improvement). Physical exam revealed there is still tenderness over distal tibia and mild swelling. X-ray of right tibia/fibula taken during this visit did not reveal any stress fracture. PT note dated April 21, 2013 stated that the patient reported right shin is feeling improvement, pain level is 3/10. Ranges of motion in the ankles was full bilaterally on April 23, 2013, as was strength and sensation. Recommendations on that date were for PT twice per week for 3 weeks to work on strength, range of motion, conditioning and flexibility. The patient reported that day that his right lower leg has been improving. He has completed 6 physical therapy treatments and states that it has helped to reduce his pain. He continues to do daily home exercises.

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 additional six physical therapy sessions for the right tibia: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 California MTUS Postsurgical Treatment Guidelines, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 99, Physical Medicine and the Postsurgical Treatment Guidelines, page 14, Fracture of tibia and fibula, which is a part of the MTUS and the Official Disability Guidelines (ODG), Ankle Sprain-PT, which is not a part of the MTUS.

Rationale for the Decision:

The MTUS guidelines specifically address tibia fracture only in regards to surgery allowing 30 visits total. A review of the records indicates that this employee has not had any surgical treatment for a stress fracture. The ODG recommends up to 30 medical visits of PT for tibia/fibula fracture. However, at this point, the employee has full range of motion in the ankles, full strength and sensation and less pain from the submitted documentation. The employee should be well versed in a home exercise program at this point **The request for an additional six physical therapy sessions for the right tibia 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

/dso

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.