

**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.**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 2 times a week for 3 weeks for the left knee **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/11/13 disputing the Utilization Review Denial dated 5/30/13. A Notice of Assignment and Request for Information was provided to the above parties on 6/12/13. 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 physical therapy 2 times a week for 3 weeks for the left knee **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 denial/modification dated May 30, 2013

“Nurse Clinical summary: DOI; 3/18/13 Per medicals, injured worker complains of left knee pain status post twisting injury; history of osteoarthritis of the knees bilaterally. Exam reveals full range of motion to left knee; no swelling; no effusion; no erythema; normal patellar mobility; tenderness to palpation over medial and lateral joint lines; negative McMurray..; negative Lachman..; negative anterior drawer; strength and sensation intact. Has completed 12 physical therapy sessions to date.”

### 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 6/11/13)
- Notification of Non-Certification from [REDACTED] (dated 5/30/13)
- Case Summary Report from [REDACTED] (dated 5/24/13)
- Medical Records from [REDACTED] (dated 4/23/13 -6/19/13)
- Medical Records from [REDACTED] (dated 3/18/13 – 5/6/13)
- Official Disability Guidelines (ODG), web edition, (updated 6/7/13), Knee & Leg Chapter, Physical medicine treatment section

### 1) Regarding the Request for physical therapy 2 times a week for 3 weeks:

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 Official Disability Guidelines (ODG), web edition, (updated 6/7/13), Knee & Leg Chapter, Physical medicine treatment section, which is a Medical Treatment Guideline (MTG) not in the Medical Treatment Utilization Schedule (MTUS) and is the most recent version of the MTG. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated no section for the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines (ODG), web edition, (updated 6/7/13), Knee & Leg Chapter, Physical medicine treatment section, which is a Medical Treatment Guideline (MTG) not in the MTUS, was relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision

The employee sustained an injury to the left knee on 3/18/13. An examination in the emergency department revealed decreased range of motion without ligament or joint line tenderness. X-ray of the knee revealed knee effusion and tricompartmental osteoarthritis without evidence of fracture or dislocation. Diagnosis was knee strain. An examination on 3/20/13 revealed equivocal Anterior Drawer sign, positive McMurray's test and joint tenderness, but normal range of movement and no effusion. Further examinations on 4/5/13 and 4/16/13 revealed medial joint line tenderness but negative McMurray's and Anterior Drawer tests. An MRI on 4/20/13 revealed severe thinning of the lateral patellar cartilage with bone spurring and joint effusion. On 4/23/13 the employee continued to experience medial and lateral joint tenderness, weakness, pain and stiffness in the left knee. Twelve physical therapy sessions were completed; six of these have been authorized. The request is for the remaining six sessions.

The Expert Reviewer found the MTUS did not specifically address the number of physical therapy visits recommended for conditions of the knee. The ODGs recommend 12 physical therapy visits for knee strain/sprain. At the time of the request for six additional visits, the patient had completed only four of the six authorized sessions. There is no reporting on the functional or lack of functional improvement with physical therapy. The total number of visits with both courses of physical therapy would still be in accordance with ODGs recommendations. The request for physical therapy 2 times a week for 3 weeks for the left knee **is 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, 18<sup>th</sup> 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.