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**Notice of Independent Medical Review Determination**

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/4/2013
Date of Injury:	4/7/2013
IMR Application Received:	6/13/2013
MAXIMUS Case Number:	CM13-0000674

- 1) MAXIMUS Federal Services, Inc. has determined the request for **post op physical therapy 3 times a week for 6 weeks for right knee is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/13/2013 disputing the Utilization Review Denial dated 6/4/2013. 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 **post op physical therapy 3 times a week for 6 weeks for right knee** 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, has a subspecialty in Neuromuscular 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.

### **Expert Reviewer Case Summary:**

The patient whose date of injury is 4/7/2013 was diagnosed with right knee medial meniscus tear and chondral erosions. For the right knee medial tear, a request for arthroscopy for partial medial meniscectomy is waiting for authorization. The patient had a corticosteroid injection, frequency was not specified, and had only temporarily improved the symptoms for just a day or two. The patient stands independently and walked with the aid of a single-post cane. The patient had failed corticosteroid injection, icing, anti-inflammatories, activity and job modifications and bracing. In spite of this, the patient continued to be symptomatic. Magnetic Resonance Imaging (MRI) of the right knee dated 04/30/2013 documented: There was a bone marrow edema at the posterior aspect of the medial tibial plateau with possible fragmentation, and a non-displaced fracture cannot fully be excluded. There was a moderate to severe medial femorotibial compartment osteoarthritis. There was a complex tear of the posterior horn and body of the medial meniscus with mild peripheral extrusion of the meniscal body. Small parameniscal cyst intimate with the posterior horn of the medial meniscus measuring 14 mm was noted. There was a moderate cystic degeneration of the anterior cruciate ligament and moderate grade chondral fissuring at the lateral patellar facet and central aspect of the trochlea. A small joint effusion was noted. The request for post operation physical therapy (PT) 3 times a week for 6 weeks was modified by prior reviewer to 3 times a week for 2 weeks. The rationale was that initially half of the visits post op is given and then patient is evaluated again for objective signs of functional improvement. The issue presented again here is whether PT 3 times a week for 6 weeks right knee is medically necessary.

### **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 post op physical therapy 3 times a week for 6 weeks for right knee:**

#### The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines pg. 24, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, Knee (2009), pg.11 and pg. 24, which is a part of the MTUS, and the Official Disability Guidelines (ODG), Preface, which is not a part of the MTUS.

#### Rationale for the Decision:

Per the Post-Surgical Treatment Guidelines, the request for postoperative PT 3 x per week x 6 weeks is not medically necessary as written. The request of Post surgical guidelines per MTUS for the employee's condition allows 12 visits over 12 weeks.

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella; Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks,\*Postsurgical physical medicine treatment period: 6 months.

If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement.

Per ODG Preface: "Patients should be formally assessed after a "6 visit clinical trial" to see if the patient is moving in a positive direction, no direction, or negative direction(prior to continuing with the physical therapy." **The request for post op physical therapy 3 times a week for 6 weeks for 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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/cmol

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.