
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic - 9 sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/25/2013 disputing the Utilization Review Denial dated 6/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/25/2013. 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 chiropractic - 9 sessions **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 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 June 7, 2013

“History of Condition:

According to the 13 pages of submitted medical records, this claimant, a 40 year old male, reported right knee pain on 1/18/13 after he struck his knee on a metal plate while climbing a ladder. The request is for retro review of office visit on 5/25/13 and request for 8 sessions of chiropractic care. The examination on 5/25/13 noted normal range of motion. No positive orthopedic tests. No sensory/motor deficits.”

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 6/25/13)
- Utilization Review Determination from [REDACTED] (dated 6/7/13)
- Work Excuse Letter from [REDACTED] (dated 2/3/13)
- Letter from [REDACTED] to Dr [REDACTED] (dated 6/4/13)
- Medical Records from Dr [REDACTED] (dated 5/25/13 – 6/22/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, pg 337-338
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, pg. 343, 347

1) Regarding the request for chiropractic – 9 sessions:

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

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), pg. 337-338, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), pg. 339 was relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 1/18/13, the employee was involved in an industrial accident resulting in a knee injury. Review of the medical records submitted and reviewed revealed a diagnosis of knee sprain/strain. Treatment included x-ray, knee support, and oral analgesics. A progress report on 6/22/13 revealed the employee continued to experience persistent knee pain with kneeling, squatting, and lifting. A request was submitted for nine sessions of chiropractic treatment.

ACOEM guidelines state manipulation has not been proven effective in alleviating knee complaints and is not recommended. Therefore, the request for chiropractic – 9 sessions **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

/lkh

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.



