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**Notice of Independent Medical Review Determination**

Dated: 8/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

6/27/2013

12/14/2010

7/3/2013

CM13-0000931

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 physical therapy sessions for left knee **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/3/2013 disputing the Utilization Review Denial dated 6/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/3/2013. 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 request for 12 physical therapy sessions for left 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 Pain 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 27, 2013.

“The claimant is a 48 year old gentleman who sustained injury on December 14, 2010. He was seen for a follow-up on May 28, 2013, and complained of left knee greater than right knee pain. The notes state that the claimant had previously attended physical therapy. He was injured during that prior physical therapy treatment and limited his progress. Sixteen visits to physical therapy were accomplished. Physical examination of the left knee noted weakness with flexion, a mild effusion, and crepitus throughout the range of motion. Even though claimant sustained an Injury while attending previous physical therapy he did manage to attend 16 sessions. Throughout the 16 sessions I am sure that he gained enough knowledge about the physical therapy required for his knee to continue this on a home exercise program. The claimant is encouraged to continue an exercise program of straight leg raising, active range of motion and closed chain exercises such as bicycling. This request is recommended for non-certification.”

### **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 6/27/13)
- QME Report by [REDACTED], M.D. (dated 12/2/11)
- Surgical Operative Report by [REDACTED] (dated 12/11/12)
- Employee's Medical Records by [REDACTED] (dated 1/3/13)
- Employee's Medical Records by [REDACTED], M.D. (dated 4/28/11 to 3/18/13)

- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Knee Chapter, pages 337-338

**1) Regarding the request for 12 physical therapy sessions for left knee:**

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, 2<sup>nd</sup> Edition, (2004) – Knee Chapter, pages 337-338, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address or recommend an appropriate number of physical therapy sessions for the employee's condition. The Expert Reviewer relied on the Official Disability Guidelines (ODG) – Knee Complaints Chapter, Physical Medicine section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 12/14/2010 and has experienced bilateral knee pain. The employee was diagnosed with bilateral knee chondromalacia, right knee degenerative joint disease and osteoarthritis, and left knee osteochondroma. Pain was noted as being greater in the left knee. Treatment to date has included 16 physical therapy sessions. A request for 12 physical therapy sessions for left knee was submitted.

The ACOEM Guidelines used by the Claims Administrator do not include a recommended number(s) of physical therapy sessions for the employee's condition. The section of the ODG used by the Expert Reviewer recommends 9 visits over 8 weeks for chondromalacia. The employee has already completed 16 physical therapy sessions. The medical records received and reviewed do not indicate functional improvement. An additional 12 sessions exceeds the recommended amount and the previous sessions did not result in functional improvement. The request for 12 physical therapy sessions for left 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;

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.