

**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]  
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MAXIMUS Federal Services, Inc. has determined that the Magnetic Resonance Imaging (MRI) of Left Leg requested is **not medically necessary**.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on March 25, 2013 disputing the Utilization Review Denial dated March 6, 2013. A Notice of Assignment and Request for Information was provided to the above parties on April 9, 2013. A decision has been made for each of the treatment and/or services that were in dispute:

MAXIMUS Federal Services, Inc. has determined the Magnetic Resonance Imaging (MRI) of Left Leg requested is not medically necessary.

### **Medical Qualifications of the Professional 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 Radiology 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 professional 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 March 6, 2013.

“Employee sustained an injury 1/28/13. When seen 2/18/13 he complained of pain in the left calf and ankle. On exam of the left ankle there is normal range of motion, no swelling, no tenderness, Achilles tendon exhibits pain, normal Thompson's test. The left lower leg shows tenderness, swelling and edema with ecchymosis in heel. This is a request for MRI Left Leg. The differential diagnosis and how the result of this study will impact treatment decisions is not noted. Per peer to peer the employee has a negative Thompson test so a complete Achilles rupture is unlikely. The claimant may have a calf muscle rupture; if so the test will help determine when he should be at MMI and if an Ortho referral is needed. The medical necessity of this test is not currently substantiated.”

### **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 Decision by [REDACTED] (dated 3/6/13)
- Case Summary Report by [REDACTED] (dated 3/25/13)
- Primary Treating Physician's Progress Report (dated 2/18/13 thru 4/8/13)

- Request for Authorization for Medical Treatment (dated 3/18/13, 4/9/13)
- Employee's Medical Records from [REDACTED] (dated 2/18/13)
- Initial Evaluation by [REDACTED] (dated 4/29/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, 2004 - Pages 491-492
- Official Disability Guidelines (ODG) (2009)- Knee & Leg

**Regarding the Magnetic Resonance Imaging(MRI) of Left Leg:**

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, 2004 – Pages 491-492 and Official Disability Guidelines (ODG) (2009), sections of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a left foot injury while at work. The employee's clinical records that on examination the left ankle had a normal range of motion, Thompson test was negative and that there was no swelling or tenderness. Therefore, the employee does not meet applicable guideline standards and the requested MRI of left leg is not medically necessary.

**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.