MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/24/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/29/2013
Date of Injury:	4/21/2005
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0010249

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Interventional Spine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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 Provider
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

55 year-old male, injured his left knee and calf back on 4/21/05 when he was moving file cabinets. He was shown to have a meniscal tear and tricomparmental OA. The patient had a partial meniscectomy and chrondroplasty on 6/29/05. The patient then had post-op PT, but still experienced pain, so had viscosupplementation on the left knee and was determined to be P&S on 8/31/06. The right knee pain came on later and was a compensable consequence of the left knee. The patient had a prior history of right knee injury with prior surgery being on 4/30/02. More recently, the patient had bilateral TKA in Oct. 2008, then his low back started hurting in 2011. He has not worked since 4/21/05.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. The request for physical therapy of the left hip two (2) times six (6) weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Physical Medicine, pg. 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The patient is not in the MTUS postsurgical physical medicine treatment timeframe, so the MTUS Chronic Pain Medical Treatment guidelines apply. MTUS recommends 8-10 sessions of PT for various unspecified, myalgias or neuralgias. The request for 12 sessions of PT will exceed MTUS recommendations.

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.

[redacted]

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