

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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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:	8/1/2013
Date of Injury:	8/2/2011
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010714

- 1) **MAXIMUS Federal Services, Inc. has determined the request for home physical therapy for the left knee twice a week for six weeks is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/26/2013. 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 **home physical therapy for the left knee twice a week for six weeks is 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 & 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 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 employee presented with an August 2, 2011 injury and is disputing the denial of physical therapy. The August 1, 2013 denial letter is denying 12 sessions of home physical therapy (PT), based on the July 24, 2013 report by Dr. [REDACTED]. The report by the provider states the patient had left shoulder surgery on September 18, 2013, and ulnar nerve surgery in May 2013, and had complaints of left shoulder and bilateral knee pain. Dr. [REDACTED] requested a left total knee arthroplasty (TKA), 3-day hospital stay, and home PT. There is a surgical report dated August 20, 2013 for left knee TKA. The follow-up report by Dr. [REDACTED] is dated August 29, 2013. The patient had post-operative pain, but was doing well.

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 home physical therapy for the left knee twice a week for six weeks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Postsurgical Treatment Guidelines, page 24, which is part of the MTUS, as well as the Official Disability Guidelines, Knee & Leg, Home health services, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, and the Chronic Pain Medical Treatment Guidelines, Home health services, page 51, which are part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain guidelines indicate home health services are recommended for employee's who are homebound on a part-time or intermittent basis. The request is for 12 sessions of post-operative physical therapy (PT) after the left knee Total Knee Arthroscopy (TKA). This meets MTUS post-surgical treatment guidelines for an initial course of care for a TKA. The employee also has right knee injuries, as well as left upper extremity injuries. There was mention of ulnar nerve surgery in May 2013, and prior left shoulder surgery. The August 29, 2013 report notes the employee is able to use a walker, but this aggravates the right hand injury. The post-surgical PT either at home or at a facility is in accordance with MTUS postsurgical guidelines. **The request for home physical therapy for the left knee is 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dso

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.