

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	2/25/2013
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011036

- 1) MAXIMUS Federal Services, Inc. has determined the request for **post-op physical therapy 3X week X 6 weeks for the right knee is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **post-op physical therapy 3X week X 6 weeks for the right 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 patient is a 28 year old female who reported an injury on 02/25/2013. Her diagnosis was right knee lateral meniscus tear and she had surgical repair on 05/23/2013. A physical therapy progress note dated 07/03/2013 noted that the patient had attended 9 sessions of physical therapy and had made good progress with increased range of motion and increasing strength of quadriceps and it was expected that she would continue to improve with continued physical therapy.

### **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 post-op physical therapy 3X week X 6 weeks for the right knee:**

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 Post Surgical Treatment Guidelines, Clean Copy, page 24, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Post Surgical Treatment Guidelines, page 10 & 24, which is part of the MTUS.

Rationale for the Decision:

The MTUS Post-Surgical Guidelines indicates that functional goals, achievable within a specified timeframe, should be set before the treatment begins. Additionally, the guidelines state that, after an initial course of therapy, a subsequent course may be recommended with documentation of measurable functional improvement. CA MTUS indicates "General course of therapy" means the number of visits and/or time interval which shall be indicated for postsurgical treatment for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. CA MTUS would support 12 visits over 12 weeks. The physical therapist noted that the employee had made progress with increased range of motion and increasing strength. However, the initial physical therapy evaluation was not provided in the medical records, therefore, the exact functional progress made by the employee is not known. Also, the employee is over 6 months past surgical intervention which exceeds the time interval in which post-operative therapy is supported. The requested number of physical therapy sessions exceeds CA MTUS recommendations. **The request for post-op physical therapy 3X week X 6 weeks for right 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,

Paul Manchester, MD, MPH  
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.