MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/10/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/19/2013
Date of Injury:	2/7/2012
IMR Application Received:	8/27/2013
MAXIMUS Case Number:	CM13-0017024

1) MAXIMUS Federal Services, Inc. has determined the request for **additional post op physical therapy, left knee QTY: 8.00 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **additional post op physical therapy, left knee QTY: 8.00** 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 Neuromuscular 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:
Patient is a 51 year old male Head Clerk who slipped off a step ladder on 2/7/12 injuring his knee. On September 4, 2012 the patient had an arthroscopic knee procedure where he was found to have the following injuries to the Left Knee:(1) Complex tear of posterior horn with herniation into the gutter (2) Posterior horn lateral meniscus tear (3) Synovitis of medial and lateral patellofemoral compartments (4) Grade 2 chondromalacia of the trochlear groove. He underwent the following procedures on the Left Knee: (1) Arthroscopic medial and lateral meniscectomies. (2) Synovectomy, extensive, including medial and lateral patellofemoral compartments (3) Chondroplasty of the patellofemoral joint. Patient returned to work and then suffered another injury/aggravation to his knees on 2-24-13. He has worsened left and right knees symptoms. Since the surgery, the employee has also noted right knee pain. It was determinted that there may be damage to the right knee due to overcompensation. To determine if the 2-24-13 event has further damaged the knees bilateral knees MRIs were taken. The updated left knee MRI finds a displaced flap tear of body of medial meniscus with small fragment moved into medial gutter. The right knee MRI right documents a horizontal longitudinal tear of medial meniscus. On 05/06/2013 PREOPERATIVE DIAGNOSIS: Recurrent medial meniscus tear, left knee. POSTOPERATIVE DIAGNOSES: 1. Recurrent tear of the posterior horn, medial meniscus; 2. Synovial scar tissue, infrapatellar scar tissue, synovial scar tissue, patellofemoral joint; 3. Grade II-III chondromalacia patellofemoral joint, and grade **III** chondromalacia medial condyle. PROCEDURES: 1. Arthroscopic medial meniscectomy; 2. Synovectorny, including release of infrapatellar scar tissue; 3. Chondral abrasionplasty of the medial condyle and patellofemoral joint. As of 7/29/13 em[loyee has had 12 post op PT visits since his May 2013 knee surgery. The request for 8 more was modified to 4. (He has attended 36 altogether since his original injury with 3 auth. Visit left) -08/05/12 [redacted] PR2: Handwritten. Subjective: Lt knee getting better illegible. Objective: (-) effusion, ROM 0-120, illegible. Plan: Finish PT,

HEP. TID.-08/05/13 [redacted] Rx for PT 2x4. The issue presented is whether 8 additional PT visits are medically necessary.

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 additional post op physical therapy, left knee QTY: 8.00:**

   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 (2009), pages 24-25, which are part of the MTUS .

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

   Rationale for the Decision:
   The employee has made gains in strength and range of motion per physical therapy (PT) documentation dated 8/13/2013. The Claims Administrator authorized 4 PT visits. At this point, 4 PT visits would be sufficient to ensure proper understanding/education of a home exercise plan. **The request for additional post op physical therapy, left knee QTY: 8.00 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, 18th 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.