

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

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[REDACTED]
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 WOODLAND HILLS, CA 91364-2338

Dated: 12/18/2013

IMR Case Number:	CM13-0017664	Date of Injury:	08/24/2011
Claims Number:	[REDACTED]	UR Denial Date:	08/16/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
SEE ATTACHED			

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 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 the Claims Administrator
- 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:

The IMR application signed on 8/22/13 shows the attorney representing the employee with an 8/24/11 injury date is disputing the 8/16/13 UR decision. The 8/16/13 UR letter is from [REDACTED] and appears to be a modification to certify 3 therapy sessions, from a request for lumbar therapy 2x6. UR reviewed the 7/3/13 medical report, and states the patient has chronic knee and ankle pain from the 8/24/11 injury and has already had treatment with analgesic medications, knee Synvisc injections, bracing, knee MRI, and unspecified amounts of PT. It states the patient already had 12 sessions of PT, but not since 12/12. The reviewer says 3-sessions should be sufficient to refresh the HEP, evaluate the performance and address any concerns.

The 7/3/13 report is by Dr [REDACTED] he recommends PT for the lumbar spine, 2x6. The diagnoses for the lumbar spine was "multilevel degenerative disc disease" According to the records, this is a 52 YO, 4'11", 143 lbs, RHD, F, night group superior for the [REDACTED]. On 8/24/11 she was walking down the hallway and her knee gave out and she twisted her right knee and ankle. Subsequent to this, she developed gradual onset of lower back pain, and according to the 4/30/13 QME by Dr. [REDACTED], the lower back condition was a consequence of the industrial right knee and ankle injury. There are 462 pages of records for this IMR, but Limited PT notes are available for review, there was a 9/30/11 authorization for PT x3 for the right knee, but no indication the patient ever had PT for the lower back.

10/5/12 MRI, right knee: mild degenerative chondromalacia of the retropatellar articular cartilage. Moderately severe chondromalacia of the central weight-bearing lateral tibial condyle mild underlying OA. Mild/moderate tendinopathy of the proximal patellar tendon. Mild degeneration PCL. No tear.

9/5/12 MRI right ankle: chronic fragmentation of the tip of the lateral malleolus consistent with old trauma. No acute changes visitbe. (small fragment is 8-mm A-P 9-mm wide and 4mm thick) Ankle mortise joint is normal. No osteochondritis dessecans or

osteonecrosis. No joint effusion. Mild insertional tendinopathy at the distal Achilles tendon.

9/5/12 MRI, lumbar: mild to moderate degenerative changes present in the lower t-spine. T12/L1, L1/2, L2/3, L3/4 mild age-related disc DDD mild facet arthritis L2/3, moderate at L3/4. L4/5 moderately severe DDD, mild to moderate right and mild left foraminal stenosis. L5/S1, DDD, spondylosis, bulge, mild to moderate facet arthritis.

IMR DECISION(S) AND RATIONALE(S)

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

1. Therapy for lumbar spine twice a week for six weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 98-99 of 127, Physical Medicine, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that there were not any prior PT notes related to the lumbar spine. It is noted that the initial injury was the right knee and ankle, and that the lower back symptoms came on later and were considered compensatory to the knee injury per the 4/30/13 QME. Some PT for the lower back would be indicated if the employee did not have any, however, the request is for 12 sessions of therapy, and this will exceed the MTUS Chronic Pain Medical Treatment Guidelines recommendations of 8-10 sessions. **The request for therapy for lumbar spine twice a week for six weeks is not medically necessary and appropriate.**

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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