

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/14/2013
Date of Injury:	3/19/2013
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018049

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient continued physical therapy three times per week for four weeks for bilateral knee and left ankle and outpatient pool therapy twelve visits two times per week is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/14/2013. 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 **outpatient continued physical therapy three times per week for four weeks for bilateral knee and left ankle and outpatient pool therapy twelve visits two times per week 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 Medicine 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 58-year-old female who works as a teacher. She was walking at work on 3/19/13 and tripped, twisting her left ankle, falling onto her knees, and hitting her left hand. She states that she was sent after her fall to an Urgent Care Center. She was seen and evaluated and diagnosed with a left ankle sprain, left thumb sprain, and bilateral knee contusion and given a splint for the left ankle and a splint for the left wrist. She had x-rays taken. She was told she can return to work on 3/21/13 with restrictions. The patient was scheduled for follow-up and seen on March 26, 2013. She was noted to have ecchymosis bilateral knees, with slight swelling of the left ankle. She had tenderness over the anterior aspect of both knees. There is a positive anterior drawer test of the left ankle with positive end point. X-ray reports of the right knee were negative, and an x-ray of the left ankle shows there is no fracture. An X-ray report of the left thumb is also without fracture. Physician notes from July 29, 2013 suggest that there is intermittent bilateral knee pain and grinding with intermittent left ankle pain. The request is whether outpatient continued physical therapy 3 x week for 4 weeks for bilateral knee and left ankle and outpatient pool therapy for 12 visits 2 x per week is 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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for outpatient continued physical therapy three times per week for four weeks for bilateral knee and left ankle and outpatient pool therapy twelve visits two times per week:

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 CA MTUS 2009 Chronic Pain Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines pages 22 and 99, which are part of the MTUS.

Rationale for the Decision:

According to the MTUS Chronic Pain Guidelines regarding physical medicine, “there should be a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.” In the medical records provided for review, there is no documentation of how much therapy the employee has actually received thus far. There is no documentation of functional improvement made from any prior therapy or any documentation of objective progress. Additionally, there is no documentation of why the employee cannot tolerate a land based therapy program. **The request for outpatient continued physical therapy three times per week for four weeks for bilateral knee and left ankle and outpatient pool therapy twelve visits two times per week 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

/MCC

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.