

Independent Medical Review Final Determination Letter

1228

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0018796	Date of Injury:	07/04/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/22/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
1) PT 2X4 TO RIGHT KNEE 2) RIGHT KNEE BRACE THAT WILL PROVIDE STABILITY			

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]
[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 Orthopedic Surgery, has a subspecialty in Pediatric Orthopedics 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 patient is a 24-year-old female who reported an injury on 07/04/2012 with a slip and fall as the mechanism of injury. The patient was noted to have 18 sessions of physical therapy. The patient was noted to have a positive stress test to varus and valgus, and bounce home test and audible crepitus in the right knee. The patient was noted to have a positive Bragard's straight leg raise. The diagnosis was stated to include derangement of the right knee. A request was made for physical therapy 8 visits and a knee brace.

IMR DECISION(S) AND RATIONALE(S)

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

1. PT 2x4 to the Right Knee is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines pages 62 and 104, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

Per MTUS Chronic Pain Guidelines, patients should have had treatment for myalgia and myositis for 9 to 10 visits over 8 weeks and to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active, self-directed home physical

medicine. The clinical information submitted for review indicated that the employee had 18 prior physical therapy sessions and failed to provide the employee's response to therapy. Additionally, it failed to provide functional deficits to support the necessity for physical therapy versus home therapy. **The request for PT 2x4 to the right knee is not medically necessary and appropriate.**

2. Right Knee Brace is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines Knee Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pages 339-340, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines recommend a brace for patellar instability, an anterior cruciate ligament tear, or medial collateral ligament instability if a patient is going to be stressing the knee under load or climbing ladders or carrying boxes. The clinical documentation submitted for review failed to provide proof that the employee would be stressing the knee under a load, climbing ladders, or carrying boxes to necessitate the use of a knee brace. Additionally, it failed to provide exceptional factors to warrant nonadherence to guideline recommendations. **The request for Right Knee Brace is not medically necessary and appropriate.**

/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.

[REDACTED]

CM13-0018796