
Notice of Independent Medical Review Determination

Dated: 8/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/4/2013
Date of Injury:	9/12/2005
IMR Application Received:	7/10/2013
MAXIMUS Case Number:	CM13-0001082

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy sessions (2 times a week for 4 weeks) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/4/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/10/2013. 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 physical therapy sessions (2 times a week for 4 weeks) **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 Orthopaedic Surgery 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 4, 2013.

Per Peer Reviewer's Report: REQUEST: Concurrent request for 8-12 visits to the right knee 2-3X4-6 SUMMARY OF TREATMENT/CASE HISTORY: This 59-year-old male was injured on 9/12/05. The mechanism of injury was not provided for review. The diagnosis was status post right total knee arthroplasty on 2/13/13. Radiographs of the right knee, dated 2/13/13, showed post-operative images of the right knee documenting the presence of a right total knee arthroplasty. A physical therapy note available for review, dated 6/21/13, noted that the patient reported that his knee was feeling better. He described 1-2/10 pain with intermittent aching, soreness, and stiffness in the right knee predominantly with going up and down stairs, squatting, end range, passive knee flexion and in the morning. Overall, the patient still lacked full right knee extension; however, his right knee flexion range of motion (ROM) was improved and he was generally less painful. On examination, he was not tender to palpation of the left knee and presented with a 1+ right lower extremity effusion. Active ROM demonstrated -6 112 degrees of motion and 2-117 degrees of passive motion. His right quadriceps tone was tonic and fair. Right vastus medialis oblique tone was near equivalent/minimally diminished with comparison to the left. He was noted to have attended 30 of 36 visits of therapy. EXPLANATION OF FINDINGS: The California MTUS Post-Surgical Rehabilitation Guidelines support "24 visits over 10 weeks" following arthroplasty of the knee. The most recent therapy record indicated that the patient had only 1-2/10 pain and was feeling stronger with decreased swelling. The patient should be capable of a home exercise program (HEP) at this point. Additional therapy at this time would exceed the guideline recommendations and cannot be recommended as medically necessary based on the documentation reviewed. Therefore, the request is non-certified. GUIDELINES UTILIZED: California Medical Treatment Utilization Schedule (MTUS), 2009, Post-Surgical Rehabilitation (8 CCR 9792.24. 3), Knee.

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 for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/4/13)

- Physician Review Recommendation by [REDACTED] (dated 7/3/13)
- Medical Records by [REDACTED] (dated 6/14/12 to 6/24/13)
- Medical Records by [REDACTED] (dated 1/14/13 to 2/18/13)
- Notes by [REDACTED] (dated 7/18/12 and 6/21/13)
- Diagnostic Report by [REDACTED] (dated 8/3/12)
- Miscellaneous Records
- Post-Surgical Treatment Guidelines (2009), Knee section

1) Regarding the request for physical therapy sessions (2 times a week for 4 weeks):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines (2009), Knee section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/12/2005 and underwent total right knee arthroplasty on 2/13/2013. Treatment to date has included anti-inflammatory medication and authorization for 36 physical therapy sessions. A request was submitted for 8 additional physical therapy sessions (2 times a week for 4 weeks).

The guideline indicates that following an arthroplasty of the knee, 24 physical therapy visits over 10 week may be considered reasonable and necessary. The surgery was performed on 02/17/2013 and the records indicate the employee has attended at least 30 physical therapy sessions with a home exercise program being demonstrated. Subjectively, the employee indicated his knee felt better and rates pain as 1 or 2 out of 10. Objectively, the employee was non-tender to palpation to the left knee and presented with a 1+ right lower extremity effusion. He had -6 degrees of active extension, -2 degrees of passive extension to the right knee, and was able to actively flex to 112 degrees and passively flex to 117 degrees.

The employee has already exceeded the guideline recommended amount of physical therapy sessions, and the records indicate his condition has improved with minimal strength deficits and minimal extension deficits. The request for physical therapy sessions (2 times a week for 4 weeks) 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.



