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**Notice of Independent Medical Review Determination**

Dated: 9/5/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/3/2013

6/4/2013

7/12/2013

CM13-0001263

- 1) MAXIMUS Federal Services, Inc. has determined the request for twelve (12) physical therapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lorazepam 1.0mg # 45 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 07/03/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 twelve (12) physical therapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lorazepam 1.0mg # 45 **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 Occupational 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013

“The patient is a 65 year old male with a date of injury of 6/4/2003. Under consideration is a request for 12 physical therapy sessions and unknown quantity of Lorazepam 1.0 mg. The patient presented on 6/25/2013 with complaints of pain in the anterior knee with climbing stairs and squatting. He complained of awaking at night with pain. Objective examination revealed the right knee wound as cleanly healed. There was tenderness over the patellar tendon and full ROM. The diagnosis was stated as patella tendinitis status post total knee replacement revision. The provider recommended 12 visits of physical therapy for patella tendinitis and prescribed #45 Lorazepam 1.0mg.”

### 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 received 7/12/13)
- Utilization Review Determination (dated 7/3/13)
- Employee medical records from [REDACTED], MD (dated 11/15/12)
- Employee medical records from [REDACTED] (dated 11/5/12)
- Employee medical records from [REDACTED] MD (10/9/12-6/25/13)
- Employee medical records from [REDACTED] (dated 12/19/12-2/1/13)

- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 24, 98-99

**1) Regarding the request for 12 physical therapy sessions:**

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines (May 2009), Part 2, Pain Interventions and Treatments, pg. 24, 98-99. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on June 4, 2003. The medical records provided for review indicate treatment has included analgesic medications; adjuvant medications; anxiolytic medications; a right total knee arthroplasty (TKA) with subsequent revision of the TKA on November 5, 2012. The medical report of June 25, 2013 indicates the employee is experiencing persistent anterior knee pain with squatting and sometimes awakes at night with pain, but the employee exhibits full range of motion of the operated knee with tenderness over the patellar tendon. The request is for twelve (12) physical therapy sessions.

MTUS Chronic Pain guidelines state that a general course of 9 to 10 sessions of physical medicine for myalgias and/or myositis of various body parts encouraging reducing the frequency of physical therapy over time and endorsing a self-directed home exercise program. The medical records provided for review indicate the employee did not suffer from any significant gait or range of motion deficits at the time physical therapy sessions were requested. The request for 12 physical therapy sessions is not medically necessary and appropriate.

**2) Regarding the request for lorazepam 1.0mg #45:**

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines (May 2009), (Page number not provided). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on June 4, 2003. The medical records provided for review indicate treatment has included analgesic medications; adjuvant medications; anxiolytic medications; a right total knee arthroplasty (TKA) with subsequent revision of the TKA on November 5, 2012. The medical report of June 25, 2013 indicates the employee is experiencing persistent anterior knee pain with squatting and sometimes awakes at night with pain, but the employee exhibits full range of motion of the operated knee with tenderness over the patellar tendon. The request is for lorazepam 1.0mg #45.

MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines (lorazepam) are not recommended for chronic or long-term use for anxiety, pain, muscle relaxant purposes, or any other purpose because long-term efficacy is unproven and there is a risk of dependence. The medical records provided for review indicate the employee has previously been prescribed Ativan (lorazepam) with no documented evidence of functional improvement, which would meet the criteria for utilizing the medication outside of the guidelines. The request for lorazepam 1.0mg #45 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, 18<sup>th</sup> 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.