
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

7/20/2009

7/22/2013

CM13-0002044

- 1) MAXIMUS Federal Services, Inc. has determined the request for nine visits of physical therapy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 nine visits of physical therapy **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent physician 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 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 10, 2013:

██████████ is a 67 year old male security officer (DOB ██████████) who tripped on the base of a staircase, DOI 7/20/09. Accepted: lumbar/thoracic spine, right hip, right ribcage, bilateral knees, right leg, right foot; denied: internal, psyche. Records prior to 2013 were not reviewed. On 4/15/13 the patient underwent a left total knee arthroplasty by Dr. ██████████. He subsequently had 12 sessions of physical therapy at his residence. The primary treating physician Dr. ██████████ requested aquatic therapy due to difficulty with Land-based PT resulting from the patient's age, general physical condition and multiple other medical problems (DDD of the spine, prior shoulder surgery, et al.). He was then certified for 12 aquatic PT sessions by ██████████ on appeal (7/08/13). On 7/01/13 he was seen by ██████████ MD (PM&R) in Dr. ██████████ office and it was noted that he had improved ROM of the left knee with aquatic therapy and was awaiting completion of therapy to proceed with TKA of the right knee. Dr. ██████████ requested completion of remaining aquatic therapy. A DWC Form RFA dated 7/01/13 accompanies the PR-2 requesting physical therapy 3 x 3 for the left knee. Request is submitted for physical therapy, #9”

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 7/22/2013)
- Utilization Review Determination from ██████████ (dated 7/10/2013)
- Medical records from 8/12/2012 through 6/17/2013
- Medical Treatment Utilization Schedule

1) Regarding the request for nine visits of physical therapy:

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), which are 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 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 7/20/2009 resulting in injury to the lumbar/thoracic spine, right hip, right ribcage, bilateral knees, right leg, and right foot. Treatments have included knee surgery, physical therapy, and aquatic therapy. The request is for nine visits of physical therapy.

The MTUS Post-Surgical Treatment Guidelines support 24 sessions of post-surgical physical therapy over 10 weeks. The medical records provided for review indicate the employee has already had an unspecified number of postoperative surgical physical therapy visits. It is not clear if the current request is for an additional 9 physical therapy sessions in excess of the guidelines, or for the completion of the guideline-recommended 24 physical therapy visits. The medical records reviewed did not document the number of physical therapy sessions completed post-operatively. The documentation submitted is insufficient to support the request. The request for nine visits of physical therapy **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

/slm

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.