
Notice of Independent Medical Review Determination

Dated: 10/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
6/28/2013

3/19/2013

7/24/2013

CM13-0002942

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 single positional MRI of the left knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 knee support **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 ankle brace **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 cane **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for ice or heat **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for unknown amount of additional physical therapy visits **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of NSAIDs-Motrin **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 1 single positional MRI of the left knee **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 knee support **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 ankle brace **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 cane **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for ice or heat **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for unknown amount of additional physical therapy visits **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of NSAIDs-Motrin **is 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 Preventative Medicine and 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 28, 2013:

"The patient is a 38 year old female with a date of injury of 3/19/2013. Under consideration are requests for the one single positional MRI of the left knee, an unknown amount of additional physical therapy visits, one knee support, one ankle brace between, one request for ice or heat, and one prescription for NSAIDs-Motrin.

Dr. [REDACTED] reported on 6/19/13 that the patient was still experiencing left knee and ankle pain that was worse with weight bearing activity, and getting better with rest. She was using a cane and taking Motrin for pain. On observation she moved slowly with an antalgic gait. She had tenderness to palpation over the left knee and ankle. Orthopedic exams were within normal limits and x-rays of the knee showed no abnormal findings and of the ankle showed mild calcaneal spurring. She had physical therapy with minimal improvement. She was unable to work because light duty was not available."

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 (dated 7/24/2013)
- Utilization Review from [REDACTED] (dated 6/28/2013)
- Medical Records from [REDACTED], MD (dated 4/12/13-7/24/13)
- Medical Treatment Utilization Schedule

1) Regarding the request for 1 single positional MRI of the left knee :

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

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004) Knee Complaints Chapter 13 pg. 343 which is part of the 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 March 19, 2013. The medical records provided for review indicate diagnoses of left knee and ankle pain. Treatments have included analgesic medications; approximately 6 to 12 sessions of physical therapy; a cane; a knee support; an MRI on 6/13/13; ankle brace; cane; extensive periods of time off of work. The request is for 1 single positional MRI of the left knee.

MTUS-Adopted ACOEM Guidelines suggest that MRI imaging is quite sensitive (scored 4/4) in the ability to identify and find suspected meniscal tears. The medical records reviewed do not document any compelling reason for repeat MRI imaging. Therefore, the request for 1 single positional MRI of the left knee **is not medically necessary and appropriate.**

2) Regarding the request for 1 knee support :

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

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004). 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 March 19, 2013. The medical records provided for review indicate diagnoses of left knee and ankle pain. Treatments have included analgesic medications; approximately 6 to 12 sessions of physical therapy; a cane; a knee support; an MRI on 6/13/13; ankle brace; cane; extensive periods of time off of work. The request is for 1 knee support.

As noted in the MTUS-Adopted ACOEM Guidelines knee supports can be employed in those individuals with knee instability. The medical records reviewed do not document why or if a second knee support is indicated; there is no evidence of knee instability on the July 23, 2013 office visit. The request for 1 knee support **is not medically necessary and appropriate.**

3) Regarding the request for 1 ankle brace :

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

The Claims Administrator based its decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg. 371, which is part of the 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 March 19, 2013. The medical records provided for review indicate diagnoses of left knee and ankle pain. Treatments have included analgesic medications; approximately 6 to 12 sessions of physical therapy; a cane; a knee support; an MRI on 6/13/13; ankle brace; cane; extensive periods of time off of work. The request is for 1 ankle brace.

The MTUS-Adopted ACOEM guidelines indicate resting of joints, braces, and/or splint should be employed for as short a time as possible. The medical records reviewed indicate it has been several months since the date of injury and bracing/splinting at this point is not recommended. The request for 1 ankle brace **is not medically necessary and appropriate.**

4) Regarding the request for 1 cane :

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (latest version) Knee & Leg (Acute & Chronic), a medical treatment guideline which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg. 371-

372, part of the MTUS and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on March 19, 2013. The medical records provided for review indicate diagnoses of left knee and ankle pain. Treatments have included analgesic medications; approximately 6 to 12 sessions of physical therapy; a cane; a knee support; an MRI on 6/13/13; ankle brace; cane; extensive periods of time off of work. The request is for 1 cane.

The MTUS-Adopted ACOEM Guidelines indicate maximizing activities is imperative once red flags have been ruled out. The medical report of 7/23/13 document the employee is ambulating independently, "feeling okay," and moving easily during the examination. The medical records reviewed do not document evidence of significant immobility or other condition for which ongoing usage of a cane is advisable. The request for 1 cane **is not medically necessary and appropriate.**

5) Regarding the request for ice or heat :

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

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), pg. 338 and the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg. 362, 369-370 which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg. 369-371, Table 14-3 which is part of the MTUS and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on March 19, 2013. The medical records provided for review indicate diagnoses of left knee and ankle pain. Treatments have included analgesic medications; approximately 6 to 12 sessions of physical therapy; a cane; a knee support; an MRI on 6/13/13; ankle brace; cane; extensive periods of time off of work. The request is for ice or heat.

The MTUS-Adopted ACOEM guidelines indicate heat and cold can be applied per employee preference for issues with ankle and foot pain. The medical records reviewed indicate the employee does have residual ankle and foot complaints for which periodic applications of heat and cold would be indicated in the form of a reusable heating/ice pad. The request for ice or heat **is medically necessary and appropriate.**

6) Regarding the request for unknown amount of additional physical therapy visits:

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

The Claims Administrator did not cite any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on 9792.20 Medical Treatment Utilization Schedule –Definitions (f) “Functional Improvement” as relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on March 19, 2013. The medical records provided for review indicate diagnoses of left knee and ankle pain. Treatments have included analgesic medications; approximately 6 to 12 sessions of physical therapy; a cane; a knee support; an MRI on 6/13/13; ankle brace; cane; extensive periods of time off of work. The request is for unknown amount of additional physical therapy visits.

MTUS guidelines have defined functional improvement as the basis for additional physical therapy beyond guideline requirement. The medical records reviewed indicate the employee has had prior unspecified amounts of physical therapy to date (at least six sessions). The records do not demonstrate any evidence of functional improvement as defined by the guidelines, such as measured diminished work restrictions, improved performance of activities of daily living and/or diminished reliance on medical treatment; the employee has failed to return to work. The request for unknown amount of physical therapy visits **is not medically necessary and appropriate.**

7) Regarding the request for 1 prescription of NSAIDs-Motrin :

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

The Claims Administrator did not cite any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg. 369-371, Table 14-3 which is part of the Medical Treatment Utilization Schedule (MTUS) and relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on March 19, 2013. The medical records provided for review indicate diagnoses of left knee and ankle pain. Treatments have included analgesic medications; approximately 6 to 12 sessions of physical therapy; a cane; a knee support; an MRI on 6/13/13; ankle brace; cane; extensive periods of time off of work. The request is for 1 prescription of NSAIDs-Motrin.

The MTUS-Adopted ACOEM guidelines indicate NSAIDs such as ibuprofen/Motrin, either prescription or non-prescription, are recommended in the treatment of ankle and foot pain. The medical records reviewed indicate

continued ankle and foot pain. The request for 1 prescription of NSAIDs-Motrin is **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

/mbg

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.