

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/30/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	6/24/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004240

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 two times a week times six weeks **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 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 11, 2013:

“DOI: 06-24-2011 Per medicals injured worker is status post right hip arthroscopic femoral plasty; acetabuloplasty; labral repair; synovectomy on 12/14/12; some decreased sensation to knee region. Exam reveals no effusion, erythema or warmth from the hip; no drainage from portal sites; diminished sensation along the anterior aspect of the knee and thigh. Has completed 12 post-operative visits to date.”

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 7/29/2013
- Utilization Review Determination from Claims Administrator [REDACTED] dated 7/11/2013
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request** physical therapy two times a week times six 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, which is part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 98-99, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 6/24/2011 to the right hip. The medical records provided for review indicate a diagnosis of a sprain to the hip and thigh. The medical report of 6/28/2013 documents that the employee was status post labral repair and could walk one hour without pain, recent onset of leg numbness that started yesterday after treatment of physical therapy, and the physical exam showed good range of motion. The medical records provided for review indicate treatments have included physical therapy. The request is for physical therapy two times a week times six weeks .

The Chronic Pain Guidelines recommends eight to ten sessions of physical therapy for myofascial pain, strain/sprain injuries, and chronic pain flare-ups. The medical records provided for review indicate that the employee had completed 24 post-op physical therapy sessions after right hip arthroscopy on 12/14/12, which exceeds guideline recommendation. **The request for physical therapy two times a week times six 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

/sh

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.