
Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	10/19/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004320

- 1) MAXIMUS Federal Services, Inc. has determined the request for one (1) consultation with a vascular specialist **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two (2) times a week for four (4) 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 8/7/2013. 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 one (1) consultation with a vascular specialist **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two (2) times a week for four (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 Preventive 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 11, 2013:

CLINICAL SUMMARY:

██████████ is a 41 year old (DOB: ██████████) female that tripped and fell over a step while carrying a box while working on 10/19/11. Occupation was not found in records reviewed. She is currently not working. Lumbar and/or sacral vertebrae, buttock, and right knee have been accepted by the carrier. The carrier has objected the claim for mental/mental, lower right leg and upper right leg.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one (1) consultation with a vascular specialist:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, pg. 127, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Knee Complaints, Chapter 13, pg. 334, and the Chronic Pain Medical Treatment Guidelines, Introduction, pg. 1 which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 10/19/2011 and is experiencing chronic low back and knee pain. Treatment to date has included medication, acupuncture, chiropractic manipulative therapy, and physical therapy. The request is for one (1) consultation with a vascular specialist.

ACOEM Guidelines indicate the presence of comorbid neurologic and vascular issues involving the lower extremities do generate some diagnostic confusion. As further noted on page 1 of the Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, should lead treating provider to reconsider the diagnoses and determine whether a specialist consultation is indicated. In this case, the employee's failure to progress despite operative and nonoperative treatment does make a compelling case for vascular surgery consultation to consider other possible diagnoses. **The request for one (1) consultation with a vascular specialist is medically necessary and appropriate.**

2) Regarding the request for physical therapy two (2) times a week for four (4) weeks:

Section of the Medical Treatment Utilization Schedule 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, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, pg. 8 and 99, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 10/19/2011 and is experiencing chronic low back and knee pain. Treatment to date has included medication, acupuncture, chiropractic manipulative therapy, and physical therapy. The request is for physical therapy two (2) times a week for four (4) weeks.

Chronic Pain Medical Treatment Guidelines indicate there should be demonstration of functional improvement at various points in the treatment course to justify continued treatment. The guidelines also recommend 9 to 10

sessions for myalgias and/or myositis of various body parts. The employee has had prior treatment well in excess of the 9 to 10 recommended. Medical records submitted and reviewed indicate no evidence of functional improvement following completion of the same. The employee has failed to return to work, and continues to be highly reliant on various medical treatments, including consultation with numerous providers in numerous specialities. **The request for physical therapy two (2) times a week for four (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,

Paul Manchester, MD, MPH
Medical Director

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

/ldh

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.