

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/11/2013  
Date of Injury: 4/24/1997  
IMR Application Received: 7/29/2013  
MAXIMUS Case Number: CM13-0004717

- 1) MAXIMUS Federal Services, Inc. has determined the request for **post-operative physical therapy in treatment to the right knee is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request **for initial trial of post-op physical therapy x 6 to the right knee is 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 8/8/2013. 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 **post-operative physical therapy in treatment to the right knee is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **initial trial of post-op physical therapy x 6 to the right knee 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 Orthopedic Surgery 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.

### **Expert Reviewer Case Summary:**

The patient is a 56-year-old female who reported an injury on 04/24/1997 in a fall. The clinical note dated 08/16/2012 reported that the patient complained of 8/10 to 9/10 left knee pain. The note reported that the patient had been previously treated with physical therapy, aquatic therapy and corticosteroid injections. The note reported that the patient had been diagnosed with a left knee meniscus tear. MRI of the right knee on 03/29/2013 revealed findings of a medial meniscus tear and degenerative changes of the lateral meniscus as well as tricompartmental cartilage wear. The utilization review dated 05/03/2013 reported that the patient had been authorized for a right knee partial meniscectomy. The utilization review indicated that a request for 12 sessions of postoperative physical therapy was modified to 6 visits. The clinical note dated 06/27/2013 reported that the patient's right knee was improving, and physical therapy was being arranged. A physical therapy initial evaluation dated 07/10/2013 reported that the patient complained of 8/10 pain. Physical examination of the right knee revealed -26 degrees of extension and 45 degrees of flexion. The utilization review dated 07/11/2013 reported that a request for postoperative therapy was modified to 6 sessions. A physical therapy note dated 07/29/2013 reported that the patient had completed 5 visits.

### **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
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for post-operative physical therapy in treatment to the right knee:**

##### 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 MTUS regulations, pages 12-27, MTUS Post-Surgical Guidelines, page 1-2, and MTUS Chronic Pain Guidelines, page 48.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, pages 10 and 24, which are part of the MTUS.

##### Rationale for the Decision:

The Postsurgical Treatment Guidelines recommend up to 12 total sessions status post a meniscectomy procedure. However, the guidelines indicate that an initial course of therapy should be for one-half of the total visits. Therefore, only 6 visits of initial postoperative physical therapy status post the right knee meniscectomy would be supported. The records submitted for review include a request for physical therapy that does not contain a duration or frequency. **The request for post-operative physical therapy in treatment to the right knee is not medically necessary and appropriate.**

#### **2) Regarding the request for initial trial of post-op physical therapy x 6 to the right knee:**

##### 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 MTUS regulations, pages 12-27, MTUS Post-Surgical Guidelines, page 1-2, and MTUS Chronic Pain Guidelines, page 48.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, pages 10 and 24, which are part of the MTUS.

Rationale for the Decision:

The Postsurgical Treatment Guidelines recommend up to 12 sessions of physical therapy status post meniscectomy procedures and 6 initial sessions. The records provided for review indicate the employee has been authorized for a partial medial meniscectomy procedure. Therefore, 6 initial visits would be within the guidelines for postoperative care. **The request for initial trial of post-op physical therapy x 6 to the right knee 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,

Paul Manchester, MD, MPH  
Medical Director

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

/sab

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.