

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/12/2013

9/15/1999

7/26/2013

CM13-0004787

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 2 times 5 (10)** is not **medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **continued home health (for three weeks)** is not **medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **x-force brace (L) Knee** is **medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Cartivisc** is not **medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 2 times 5 (10)** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **continued home health (for three weeks)** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **x-force brace (L) Knee** is **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Cartivisc** 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 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.

### Expert Reviewer Case Summary:

59 YO, M with a 9/15/99 industrial injury. 692 pages of records were available for IMR. As of 7/17/13 he was decribed as 5'11", 270 lbs, he lost 55 lbs since lap band surgery in 2010. He had right CTR in 12/1999, left CTR was in 2/2000. And left knee arthroscopy in 11/2000 The patient was reported to have HTN, COPD, and psychiatric issues. The case apparently involves multiple injury dates. On 7/22/97 he was digging a hole and developed hand/wrist pain. 6/14/99 he was cutting metal with tin snips and injured his left elbow. In 1998 he kneeled on floor while welding and hurt both knees. Current left knee flexion is to 90 degrees, and he has recommendations for TKA in the future. He walks with a cane.

## 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 physical therapy 2 times 5 (10) :

#### 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 Chronic Pain Medical Treatment Guidelines, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Physical Medicine, pgs. 98-99, which is part of MTUS.

#### Rationale for the Decision:

The employee has myalgia, MTUS recommends 9-10 sessions of PT for this. Records show that the employee had pool therapy in Sept and Oct 2012. The requests pertaining to this IMR appear to be from the 6/13/13 PR2 from Dr [REDACTED], but I cannot tell if the report presented for my review is complete. Page 1 is addressed to Mr [REDACTED], Page 2 states the date is 6/14/13 and says continued, but the first sentence is "she also knows that we need Dr. [REDACTED] AME report..." it has the disclosures and signature of Dr [REDACTED], then page 3, says 6/13/13 and starts with "treatment plan, cont." Page 4 also is dated 6/13/13 and starts "treatment plan continued" as do pages 5 and 6, and 7 is also dated 6/13/13. It appears that someone mixed up the report first 2 pages from a different report from Dr [REDACTED] and pages 3-7 from another report from Dr [REDACTED]. Unfortunately, the 6/13/13 report from page 3-7 discuss the treatment recommended by Dr [REDACTED], but with the missing 1<sup>st</sup> and 2<sup>nd</sup> pages, I cannot see this subjective complaints, exam or diagnosis or rationale for the additional PT. Dr [REDACTED] says aquatic therapy was previously authorized, but the employee did not attend due to transportation problems. I do not have a discussion on whether this issue was cleared up or if prior PT was helpful, or if there was a flare-up in the interim. The AME report did not mention PT, and stated that the employees left knee is destroyed and he needs a TKA and noting that nothing else would help. Without a rationale for additional PT, the current request with the prior PT will exceed MTUS recommendations. **The request for physical therapy 2 times 5 (10) is not medically necessary and appropriate.**

## 2) Regarding the request for continued home health (for three 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 ACOEM practice Guidelines, 2<sup>nd</sup> Edition, pg.92 and Home Health Services, pg. 51, which are part of MTUS. The Claims Administrator also based its decision on the AETNA Clinical Policy Bulleting Home Health Aids and ODG, which are not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Home health servies, pg. 51, which is part of MTUS.

### Rationale for the Decision:

As mentioned above, there appears to be an incomplete or mixed document from the requesting physician dated 6/13/13 or 6/14/13. Pagest 3-7 of the report discuss the treatment plan and request, but are missing the subjective and objective findings, the diagnosis and the rationale for the treatment. I can see that Dr [REDACTED] says on page 3 “the patient needs to continue home health care, three times a week.” He cites the correct MTUS reference, but there is no rationale for why the employee requires this, or what particular medical treatment the employee is receiving at home. There is not enough information provided to confirm that the home health care requested is in accordance with MTUS guidelines, and since “medical necessity” has been defined as treatment based on MTUS guidelines, this request cannot be considered medically necessary. **The request for continued home health (for three weeks) is not medically necessary and appropriate.**

## 3) Regarding the request for x-force brace (L) 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 ACOEM Guidelines, pg. 340, which is part of MTUS. The Claims Administrator also based its decision on the ODG (<http://www.odg-twc.com/odgtwc/knee.htm>), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pg. 338-340, which is part of MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG), Knee Chapter, which is not part of MTUS.

### Rationale for the Decision:

The rationale for the knee brace is not available for issues discussed in items #1 and #2 above. MTUS/ACOEM supports the brace for patellar instability, ACL tear or MCL tear, but there is no exam findings, diagnosis or rationale provided. The records show the employee had an open meniscal repair at age 15, but the description of the arthroscopy for the work injury was not provided. The only

current information available for the left knee is that there is severe OA, bone on bone appearance on imaging, 0-90 ROM, and the employee requires TKA. ACOEM does not discuss knee brace for OA. ODG guidelines were consulted, and does recommend knee bracing for severe OA. The request is in accordance with ODG guidelines. **The request for x-force brace (L) knee is not medically necessary and appropriate.**

#### 4) Regarding the request for Cartivisc :

##### 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 Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section CRPS, medications, pgs. 37-38, and Section Topical Analgesics, pgs. 111-113, which is part of MTUS.

##### Rationale for the Decision:

Cartivisc is a compounded medication with glucosamine and chondroitin and MSM. MTUS has some support for Glucosamine sulfate, but not glucosamine HCL. MTUS does not appear to recommend MSM, as it refers readers to the DMSO section in CRPS medications. Cartivisc is not in accordance with MTUS guidelines because of the MSM component. MTUS gives a general statement on compounded products: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. **The request for Cartivisc 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.

