

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	9/12/2008
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0004853

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 physical therapy visits for the right knee **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/17/2013. 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 12 physical therapy visits for the right knee 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.

Expert Reviewer Case Summary:

The applicant, Mr. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic left knee pain reportedly associated with an industrial injury of September 12, 2008.

Specifically reviewed is a utilization review report of July 18, 2013, denying authorization for 12 sessions of physical therapy, citing the ODG knee physical therapy guidelines.

The applicant, Mr. [REDACTED], is a represented [REDACTED] who has filed for chronic knee pain reportedly associated with an industrial injury of September 12, 2008.

Thus far, he has been treated with the following: Analgesic medications; 24 sessions of physical therapy between February and June 2013; transfer of care to and from various providers in various specialties; extensive periods of time off of work; and a knee Synvisc injection.

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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

1) Regarding the request for 12 physical therapy visits for 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 California Chronic Pain Medical Treatment Guidelines, Knee, Physical Medicine, and Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pg. 338, which are part of the MTUS, and ODG Physical Medicine Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 8 & 99, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts. In this case, the employee has had 24 physical therapy treatments which is well in excess of guideline recommended amounts. The MTUS Chronic Pain Guidelines, page 8 indicates that there must be demonstration of functional improvement so as to justify continued treatment. In this case, there is no such evidence from the submitted records. The employee has failed to demonstrate any evidence of functional improvement following completion of the previous physical therapy, in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. The employee is seemingly highly reliant on various medical treatments including Synvisc injections. The employee remains off of work, on total temporary disability, further arguing against functional improvement. **The request for 12 physical therapy visits for the right knee 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: [REDACTED]

/bh

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.