

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	3/5/2012
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006382

- 1) MAXIMUS Federal Services, Inc. has determined the request for outpatient functional capacity test **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for transportation to all doctors visits **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MD referral for meds **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for NCV/EMG of BLE (bilateral lower extremities) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/29/2013. 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 outpatient functional capacity test **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for transportation to all doctors visits **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MD referral for meds **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for NCV/EMG of BLE (bilateral lower extremities) **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 Texas and Oklahoma. 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 26-year-old male who reported an injury on 03/05/2012. The clinical evaluation dated 04/05/2012 indicated that the patient sustained an injury to the right leg and right knee when a tire was thrown at him, striking his right knee and causing him to fall. The patient complained of right leg pain radiating into the right knee, rated at an 8/10. An MRI dated 06/12/2012 revealed that there was a partial tear to the anterior cruciate ligament and a grade I sprain of the medial collateral ligament. The clinical note dated 07/20/2012 revealed that the patient had right knee pain rated at an 8/10 and decreased range of motion. The patient also had swelling, decreased muscle strength, decreased sensation of the right leg and a positive McMurray's test. The patient received a total of 12 acupuncture visits between 08/30/2012 and 11/27/2012. The clinical note dated 10/16/2012 indicated that the patient reported a decrease in pain as a result of the acupuncture treatments. The patient received 3 sessions of physical therapy without significant benefit. A video fluoroscope evaluation of the knees was performed on 07/30/2012 that was inconclusive. An Agreed Medical Examination dated 01/15/2013 stated that the patient had right knee pain and had developed low back pain. Medications at that time were noted to be alprazolam and ibuprofen. The MRI of the lumbar spine dated 01/17/2013 concluded that the patient had lumbar muscular spasms and a disc bulge at T11-12 and L5-S1. An MRI of the right knee dated 01/22/2013 revealed that the patient had a tiny knee joint effusion. An ultrasound of the bilateral knees dated 01/24/2013 concluded that there was a partial thickness tear of the

right medial collateral ligament/anterior cruciate ligament, a medial meniscus grade II sprain and a normal left knee. The patient underwent an electromyography and NCV study on 02/21/2013 that revealed a normal study of the bilateral lower extremities. An Agreed Medical Re-Evaluation dated 02/21/2013 stated that diagnostic studies do not support further treatment interventions, and the patient should be considered permanent and stationary. An ultrasound of the bilateral thighs on 02/23/2013 revealed a normal study. A Primary Treating Physician's Maximum Medical Improvement/Permanent and Stationary Report dated 05/08/2013 stated that the patient had tenderness on palpation of the right knee joint. Drawer's sign and McMurray's test were positive on the right. Range of motion was described as 135 degrees in flexion and 0 degrees in extension. It was recommended that the patient be awarded future medical care for acute exacerbations of pain as well as diagnostic studies to determine appropriate treatment modalities.

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 Forte
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for outpatient functional capacity test:

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 Official Disability Guidelines, (ODG), Chapter on Fitness for Duty, Online Edition, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pg. 89-92, Reassessing Function and Functional Recovery, which is a part of the MTUS and the Official Disability Guidelines, (ODG), Chapter on Fitness for Duty, Online Edition, which is not part of the MTUS.

Rationale for the Decision:

A review of the records indicates that this request was previously reviewed and received an adverse determination. The California Medical Treatment Utilization Schedule does not address Functional Capacity Evaluations. The American College of Occupational and Environmental Medicine states that the assessment of function can assist in the appropriate management of delayed recovery. The Official Disability Guidelines recommend Functional Capacity Evaluations when a worker is actively participating in determining the suitability of a particular job. Functional Capacity Evaluations are not recommended to determine a worker's effort or compliance. The clinical documentation submitted for review does not provide evidence that the employee plans to return to work or is in need of assistance in determining the suitability of a particular job. **The Outpatient**

Functional Capacity Evaluation is not medically necessary and appropriate.

2) Regarding the request for transportation to all doctors visits:

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

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Transportation (to & from appointments) Online Edition, which is not a part of the MTUS.

Rationale for the Decision:

A review of the records provided indicates there is no evidence that the employee has deficits that would prevent providing transportation to and from medical appointments. California Medical Treatment Utilization Schedule (MTUS) does not address transportations. American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (Updated 2007), does not address transportation. The Official Disability Guidelines recommends transportation for medically necessary appointments in the same community for patients with disabilities preventing them from self transport. As there was no documentation to support deficits that would prevent the employee from providing self transport to and from medically necessary appointments, **the request for transportation to all doctor's visits is not medically necessary and appropriate.**

3) Regarding the request for MD referral for meds:

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

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the ACOEM, Occupational Medical Practice Guidelines, Second Edition (Updated 2007), Independent Medical Examinations and Consultations, Chapter 7 pg. 127, which is not a part of the MTUS.

Rationale for the Decision:

The American College of Occupational and Environmental Medicine does provide provisions for consultations when a diagnosis is complex or uncertain. A review of the records indicates that no evidence that a consultation for

medication management is supported. There was no evidence of the employee having a complex medication schedule with the inability to adhere to the prescribed medications. **The request for a physician referral for medications is not medically necessary and appropriate.**

4) Regarding the request for NCV/EMG of the bilateral lower extremities (BLE):

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, 2ND Edition, Chapter 12, Low Back, Online Edition, which is part of the MTUS.

The Expert Reviewer based his decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. Special Studies and Diagnostic and Treatment Considerations, pg. 303-305, which is a part of the MTUS and the Official Disability Guidelines (ODG) Low Back Chapter, Online Edition, which is not part of the MTUS.

Rationale for the Decision:

The American College of Occupational and Environmental Medicine (ACOEM) indicates that electromyography is useful in the identification of neurological dysfunction in patients with low back symptoms. A review of the records indicates that although it is noted that the employee has low back pain, the clinical documentation submitted for review provides evidence that this is related to the employee's extended duration of altered gait. Therefore, there is no indication that the employee's pain is related to a low back injury with radiculopathy. Additionally, the Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification to support the efficacy of this study as related to the lower extremities. **The request for EMG/NCV 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

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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.