

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	8/7/2008
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006677

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 2 times a week for 4 weeks Bilateral Knees** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 a week for 4 weeks Bilateral Knees 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:

The patient is a 43-year-old male who reported an injury on 08/07/2008. An operative report was submitted on 07/30/2012 by Dr. [REDACTED], which indicated that the patient underwent a left knee arthroscopy with partial medial meniscectomy, partial lateral meniscectomy, synovectomy major, and an arthrocentesis. The patient was then seen by Dr. [REDACTED] on 01/10/2013 and 02/20/2013 for complaints of 3/10 to 4/10 pain in the left knee. Current medications included Norco and Tylenol. Physical examination of the right knee revealed soft tissue swelling and knee effusion, 0 degrees of extension, and 120 degrees of flexion. Physical examination of the left knee revealed a healing wound. Treatment plan included continuation of current medications, continuation of physical therapy twice per week for 2 weeks, and a planned right knee arthroscopy and meniscectomy. It is also noted that the patient underwent a right knee injection with Depo-Medrol, Marcaine, and lidocaine. The patient was again seen by Dr. [REDACTED] on 03/14/2013 for complaints of right knee pain, swelling, and catching. Physical examination revealed no significant changes. Treatment plan included continuation of current medications, and it is also noted that the patient's right knee arthroscopy is scheduled for 04/01/2013. An additional operative report was then submitted on 04/01/2013 by Dr. [REDACTED], which indicated that the patient underwent right knee arthroscopy with medial meniscus repair, partial lateral meniscectomy, synovectomy major, chondroplasty of the patella, and arthrocentesis. The patient was again seen by Dr. [REDACTED] on 04/11/2013 and 04/18/2013. Physical examination revealed a right knee healing wound without signs of infection, soft tissue swelling, 5 degrees extension, 95 degree flexion, and positive straight leg raising. Treatment plan included continuation of current medications and physical therapy once per week for 6 weeks. The patient was then seen by Dr. [REDACTED] on 05/16/2013. The patient complained of 4/10 knee pain. It is noted that the patient has 6 to 7 sessions of physical therapy left, and

continues to experience popping and cracking sounds in the left knee. The patient also reported 4/10 to 5/10 lower back pain that started after his first session of physical therapy. Current medications included Voltaren gel and Tylenol No. 3. Physical examination revealed normal flexion and extension of the left knee and limited flexion of the right knee due to a brace. Diagnoses at that time included bilateral knee joint pain and lumbosacral strain and pain. Treatment plan included continuation of physical therapy and continuation of current medications. The patient again followed up with Dr. [REDACTED] on 05/23/2013. It is noted that the patient has completed 6 physical therapy sessions to date. Physical examination of the right knee revealed positive range of motion, soft tissue swelling, crepitus with range of motion, positive straight leg raising, and quadriceps atrophy. Treatment plan included an MRI and continuation of physical therapy. The patient was again seen by Dr. [REDACTED] on 06/13/2013. The patient complained of 3/10 to 4/10 pain in bilateral knees with sleep disturbance. Physical examination revealed no significant changes, and the treatment plan included continuation of physical therapy. The patient was again seen by Dr. [REDACTED] on 06/26/2013. It is noted that the patient has completed 10 visits of physical therapy to date. Physical examination revealed tenderness to the right knee medial joint line and patella tendon. Treatment plan included continuation of physical therapy. A Utilization Review Report was then submitted on 07/05/2013. The requested treatments included physical therapy twice per week for 4 weeks to bilateral knees. It was noted that the patient has recently been approved for 12 post-op physical therapy sessions to the right knee, total of 42 sessions approved to date. The request for additional physical therapy was non-certified at that time. A physical therapy daily treatment report was submitted on 07/11/2013, detailing the patient's visits from 04/25/2013 through 07/11/2013. The patient continued to complain of 3/10 pain with discomfort and popping. The patient also demonstrated continued weightbearing resistance. Treatment plan at that time included a home exercise program, and the patient was discharged from physical therapy. A physical therapy progress report was then submitted by Mr. [REDACTED] on 07/11/2013. The patient continued to demonstrate crepitus upon mobility, joint line tenderness to the right knee, lower back pain, and increased pain following prolonged activity. Treatment plan included a home exercise program. The patient was then seen by Dr. [REDACTED] on 08/08/2013. Physical examination revealed 0 degrees of extension, 120 degrees of flexion, painful range of motion, crepitus with range of motion, and positive straight leg raising on the right. Recommendations included continuation of home exercise program and current medications, with possible bilateral knee Orthovisc injections. A medical legal evaluation was then submitted on 08/21/2013 by [REDACTED]. Current complaints included 4/10 to 5/10 lower back pain and bilateral knee pain. It is noted that the patient completed 12 sessions of physical therapy to bilateral knees, and has received Synvisc injections to bilateral knees as well. Physical examination revealed tenderness to palpation of the right knee under the kneecap and left knee medially as well under the kneecap. No motor or sensory deficits were noted at that time. Diagnoses included lumbago, obesity, left knee internal derangement status post arthroscopy, and right knee also status post arthroscopy. Future medical recommendations included a lumbar MRI, 6 to 12 visits of physical therapy, a repeat office visit with Dr. [REDACTED] regarding bilateral knees, and engagement in a weight loss program. An EMG/NCV study of bilateral lower extremities was then submitted on 08/21/2013 by Dr. [REDACTED], which indicated normal lower extremity testing, no electrophysiological evidence for peroneal at the fibular head, tibial neuropathy, lumbar radiculopathy, or motor polyneuropathy, with clinical coordination intact.

## 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 a week for 4 weeks Bilateral Knees:

#### 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 Knee Complaints and Post Surgical Guidelines, which are part of the MTUS.

The Claims Administrator based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS.

#### Rationale for the Decision:

The Chronic Pain guidelines state that “physical medicine treatment is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort.” The guidelines recommend 9-10 visits over 8 weeks for Myalgia and myositis. The clinical notes submitted for review document that the employee has undergone 42 physical therapy sessions for bilateral knees. Chronic Pain guidelines recommend fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The employee has already exceeded the recommended amount per the guidelines. The latest physical examination indicated a painful range of motion, positive straight leg raising, positive crepitus with range of motion, and continued complaints of pain. There is no documentation submitted providing evidence that the prior physical therapy treatments have provided significant functional gains or exceptional factors. There is no documentation provided to support the need for continued physical therapy. **The request for physical therapy 2 times a week for 4 weeks Bilateral Knees 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.