

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 5/23/2013
Date of Injury: 5/5/2010
IMR Application Received: 8/6/2013
MAXIMUS Case Number: CM13-0007417

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The IMR application shows the employee with the 5/5/10 injury is disputing the 7/15/13 UR decision for PT 2x4 (8 sessions) for the lumbar spine and right knee. The 7/15/13 UR letter is from Coventry and is modifying a request for PT 2x4 to allow 6 sessions for the timeframe 7/10/13-10/31/13.

The patient is reported to have injured his lower back and right knee on 5/5/10. He recently underwent right knee arthroscopy on 4/11/13, and had a laminectomy at L3/4 and L4/5 on 10/17/12, and lumbar reexploration on 12/8/12. According to the 6/13/13 report from Dr [REDACTED] PT 2x4 is requested for the right knee and lumbar spine. Dr [REDACTED] states the patient only had 8-10 sessions of post-op PT for the lower back, and 3 visits for the right knee and has shown improvement in lumbar ROM, lower extremity strength and improved sensory deficit. He was still reported to have continued post-op symptomatology for the right knee.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Physical therapy 2 times a week for 4 weeks for the right knee and lumbar spine is medically necessary and appropriate.

The Claims Administrator based its decision on the Post Surgical Treatment Guidelines, page 24, knee, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 and the Pos-Surgical Treatment Guidelines, Dislocation of Knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella, which is part of MTUS.

The Physician Reviewer's decision rationale:

The 7/15/13 utilization review letter modified the physician's request for physical therapy (PT) 2 times a week for 4 weeks to allow PT x6 in the 7/10/13-10/31/13 timeframe. The timeframe in dispute is the 4 weeks following 7/10/13. This timeframe is outside of the MTUS postsurgical physical medicine treatment timeframe for the lumbar surgery, but is still in the postsurgical physical medicine treatment timeframe for the knee surgery. Therefore, the MTUS Chronic Pain guidelines apply to the lumbar spine and the MTUS postsurgical guidelines apply to the right knee. For the lower back, MTUS recommends 8-10 sessions for various myalgias and neuralgias. For the right knee, the postsurgical guidelines suggest an initial course of 6 sessions and with functional improvement these can be extended. The request is in accordance with MTUS chronic pain medical treatment guideline.

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.

[REDACTED]

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