

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/1/2013
Date of Injury: 3/15/1996
IMR Application Received: 8/19/2013
MAXIMUS Case Number: CM13-0007905

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: UPHOLD. This means we decided that none 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 patient is a 65-year-old male who reported injury on 03/15/1996 with a mechanism of injury not being provided. The patient was noted to have a unicondylar right knee replacement with extensive scar tissue on 04/04/2009 and a right knee total arthroplasty on 05/18/2011. The patient was noted to have low back pain that radiated from the low back to the pelvis and abdominal area. The patient was noted to have lumbar paraspinal tenderness along with painful range of motion and a positive straight leg raise test on the right side. The patient's diagnoses were stated to include status post right knee arthroscopy, 04/04/2009, and status post right total knee arthroplasty on 05/18/2011. The treatment plan was noted to include custom fit orthotics for bilateral feet and 12 physical therapy sessions for the lumbar spine.

IMR DECISION(S) AND RATIONALE(S)

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

1. Custom fit orthotics for bilateral feet is not medically necessary and appropriate.

The Claims Administrator based its decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pgs. 370-371, which is part of the MTUS and Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg. 376, which is part of the MTUS and Official Disability Guidelines (ODG), Ankle & Foot, which is not part of the MTUS.

The Physician Reviewer's decision rationale: ACOEM Guidelines recommend rigid orthotics in the treatment of plantar fasciitis. Based on the medical records provided for review, the

employee was noted to have bilateral foot pain with the left greater than right over time. The clinical documentation submitted for review dated 12/18/2012 revealed the employee had custom orthosis which were not currently providing adequate relief. It was noted that, at the time of that examination, the employee had plantar fasciitis and the patient's symptoms were noted to be worsening. While it is noted that rigid orthotics are recommended in the treatment of plantar fasciitis, the clinical documentation submitted for review indicated the employee had a failure of custom orthosis, and it was noted that the employee had persistent pain despite the use of the orthotics and, as such, **the request for Error! Reference source not found. is not medically necessary.**

2. 12 Physical therapy sessions for the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009).

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

The Physician Reviewer's decision rationale: CA MTUS Guidelines recommend physical therapy for patients who have Myalgia and myositis for 9-10 visits. Based on the medical records provided for review the physician noted that the request was made due to pain, weakness, loss of motion and functional deficits. While it was noted the employee had weakness, loss of motion and functional deficits, the clinical documentation submitted for review failed to provide documentation to support therapy. Additionally, the documentation indicated the employee had prior treatments and it failed to provide objective functional improvement with the requested therapies. Given the lack of exceptional factors to warrant nonadherence to guideline recommendations, **the request for Error! Reference source not found. is not medically necessary or medically appropriate.**

/jd

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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