

---

## Independent Medical Review Final Determination Letter

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

Dated: 12/24/2013

<b>IMR Case Number:</b>	CM13-0008709	<b>Date of Injury:</b>	08/03/2010
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	Physical therapy two (2) times four (4) for the right knee		

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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

## 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 with a knee injury from 8/3/10, while twisting knee coming down a ladder. The patient has had arthroscopic meniscectomy, chondroplasty and lateral release. Surgery was from 1/13/12 and has had 24 sessions of postoperative physical therapy.

8/7/12, Panel QME by [REDACTED], patient's condition is P&S, MRI from 10/25/10 showed medial meniscus intrasubstance signal without articular surface tearing.

5/23/13, [REDACTED] hand-written PR: knee pain is 5-6/10, flexion to 120, ext. 0, the patient is s/p right knee surgery for arthrosis. Patient needs to start course of PT (8) visits. Tramadol and Norco, re-eval in 6 wks.

5/15/12, Treater's report: The patient has completed 24 sessions of post-op therapy, recommendations are HEP (home ex prog), medication, and exercise bike, ice, leg elevation, and cortisone injection next visit.

10/1/12, [REDACTED] note: Right knee pain persists. Synvisc injection trial.

11/16/12, [REDACTED] note: Synvisc injection did not help, recommendation was for ongoing weight loss, hamstring stretching, quadriceps strengthening and avoiding pain. The patient wanted to hold off a second opinion.

2/27/13, PR4 report: Exam, 4/5 strength of Quadriceps, inability to fully squat. X-rays showing slight loss of cartilaginous space medially. Course of treatments included land and water-based therapy, transdermals, shockwave therapy and home exercises.

## IMR DECISION(S) AND RATIONALE(S)

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

**1. The request for physical therapy two (2) times four (4) for the right knee is medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS, Post-op Guidelines, pg. 24, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

Having reviewed the medical reports for the last couple of years, I see that the patient completed 24 sessions of therapy during the post-operative period following knee surgery from January of 2012. However, during 2013, I cannot tell that the patient has had any physical therapy despite continued symptoms. The theater's note from 5/23/13 requests 8 sessions of therapy and at this time flexion was noted at 120 degrees which is slightly diminished from prior reports of 135 degrees. The theaters filed PR4 reports towards end of 2012 and early part of 2013 and there is no mention of any recent physical therapy treatments. While the patient has had extensive therapy before and after surgery, it appears to have been about 1 year since the last round of therapy. Unfortunately, no therapy notes are available to verify the duration and amount therapy treatments received. Recommendation is for authorization of the requested 8 sessions to help address the patient's chronic pains. MTUS allows for 8-10 sessions of therapy to help with joint pain.

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]

CM13-0008709