

Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0022362	Date of Injury:	07/02/2013
Claims Number:	[REDACTED]	UR Denial Date:	08/27/2013
Priority:	STANDARD	Application Received:	09/10/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
OUTPATIENT ADDITIONAL PT TO THE LEFT LOWER EXTREMITY (2) TIMES A WEEK FOR (4) WEEKS			

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 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 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 date of injury as 7/2/13, and there is a dispute with the 8/27/13 UR decision. The 8/27/13 UR decision denies 8 sessions of PT for the left knee LCL sprain and medial compartment issues. The rationale was that 6 sessions of PT were already provided and there was no mention of functional improvement. The reviewer noted there was still difficulty walking down hills, and a sense of instability. The patient is a 51 year old police sergeant who twisted his left knee on 7/2/13. The 8/14/13 report states he had about 4 sessions of PT without much improvement. There is a 10/17/13 Operative report for: left knee removal of loose bodies, chondroplasty, partial medial meniscectomy, and steroid injection.

IMR DECISION(S) AND RATIONALE(S)

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

1. Outpatient additional PT to the left lower extremity 2 times a week for 4 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Guidelines, which is part of the MTUS, and the Official Disability Guidelines, which is not part of the MTUS.

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

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines recommend 8-10 PT sessions for various myalgias and neuralgias. Notes from a visit to the orthopedic surgeon on 8/14/13 stated the employee had 4 sessions of PT without benefit. The employee went on to have knee surgery on 10/17/13. The 8/27/13 UR letter states the employee had 6 sessions of PT without documentation of improvement. The request for 8 additional sessions of PT with the 4-6 sessions already provided would exceed MTUS recommendations. **The request for Outpatient additional PT to the left lower extremity 2 times a week for 4 weeks is not medically necessary and appropriate.**

/MCC

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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