

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the occupational therapy to left upper extremity, 2 to 3 times per week for 6 weeks requested **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/15/2013 disputing the Utilization Review Denial dated 4/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/8/2013. 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 occupational therapy to left upper extremity, 2 to 3 times per week for 6 weeks requested **is medically necessary and appropriate.**

Medical Qualifications of the Professional 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 8, 2013.

“Office visit report dated 04/01/13 indicates that the claimant is 6 weeks status post fifth metacarpal neck fracture with complains of stiffness. The claimant has not had any further diagnostic testing since last visit. On examination, there is decreased mobility of the fingers especially the ring and small fingers with 30 degrees of metacarpophalangeal joint flexion. The provider recommends physical therapy.

“Work status report dated 04/01/13 indicates that the claimant is on restricted work duty with no lifting with the left upper extremity.”

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 for Independent Medical Review for occupational therapy to left upper extremity, 2-3 times per week times 6 weeks (dated 4/15/13)
- Utilization Review Modification/Partial Certification for occupational therapy to left upper extremity 2 times per week for 3 weeks (dated 4/8/13)
- Employee medical records from [REDACTED] emergency department (dated 2/26/13)
- Employee medical records from [REDACTED] (dated 2/26/13)
- Employee medical records from [REDACTED], MD, [REDACTED] (dated 2/27/13-4/1/13)

- Employee medical records from [REDACTED] (dated 4/10/13-4/24/13)
- Employee Status Updates from [REDACTED], RN, [REDACTED] nurse case manager (dated 4/2/13-5/15/13)
- ACOEM Guidelines, Table 11-4, Pg. 264
- Official Disability Guidelines (ODG) (2009), Wrist and Hand Procedure Summary

1) Regarding the request for occupational therapy to left upper extremity, 2 to 3 times per week for 6 weeks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Table 11-4, page 264 of the Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also referenced the Official Disability Guidelines (ODG) (2009) - Wrist and Hand Procedure Summary, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The employee's clinical condition was described in the utilization review denial/modification as metacarpal bone fracture and joint/hand pain. However, the Professional Reviewer determined that the employee's clinical condition is more appropriately described as non-healed metacarpal fracture with improved strength and range of motion after 6 weeks and occupational therapy sessions. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator remained relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee is a 70 year-old male who tripped and fell in the parking lot on 2/26/2013. He hit his forehead, which caused momentary loss of consciousness, forehead laceration, left knee patellar contusion, and 5th metacarpal fracture on the left hand. An x-ray of the hand showed the fracture. The employee was given a temporary splint.

On 2/27/2013, an orthopedist placed the employee's hand in a cast and prescribed naproxen. By 3/5/2013, the employee was comfortable in the cast. The x-ray showed 15 degrees angulation on oblique view and excellent alignment on AP and Lateral views. The employee was advised to stay in the cast for 3 more weeks.

On 4/1/2013, approximately 6 weeks post-injury, the employee had the cast removed, no longer had pain, and was documented to have a decreased range of motion. An x-ray showed non-fusion, no new bone formation, and the fracture line was still clearly visible. He was placed in a protective splint, instructed on motion exercises, and prescribed initial occupational therapy 2-3 times per week for 6 weeks.

The Claims Administrator partially certified 6 total sessions of occupational therapy. The request for authorization was for a total of 12-18 sessions. The

issue at dispute is the number of sessions deemed medically necessary and appropriate.

The Claims Administrator cited ACOEM table 11-4. According to the ACOEM master algorithm on page 252, the table cited by the Claims Administrator, 11-4, is only used when red flags are not present. ACOEM table 11-1 lists red flags, with the first one being "fracture." Per the chapter 11 master algorithm, if there is a red flag for fracture, the next step is imaging studies, then "specialized advice." This step process was correctly followed by the treating provider(s). The employee was referred to an orthopedist for "specialized advice" after imaging. His advice was casting for 6-weeks, then occupational therapy for 2-3 times a week for 6 weeks.

The employee began therapy on 4/10/2013 and had 4 sessions through 4/24/2013. The therapy showed improvement in grip strength and 5 degrees improvement in range of motion. However, even with the improvement, the left grip was still about half of the non-injured side, and range of motion still had room for improvement. Continuing with the orthopedist's "specialized advice" recommendation of 2-3 visits a week for 6 weeks would have been appropriate. The requested occupational therapy to left upper extremity, 2 to 3 times per week for 6 weeks (12-18 total visits) is 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,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
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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.