

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested physical therapy sessions two (2) times per week for six (6) weeks for the right hand **is not medically necessary and appropriate.**

NOTE: request was partially certified by the Claims Administrator for one (1) per week for two (2) weeks. At dispute is the additional ten (10) sessions.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/22/2013 disputing the Utilization Review Denial dated 4/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/21/2013. 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 requested physical therapy sessions two (2) times per week for six (6) weeks for the right hand **is not medically necessary and appropriate.**

Medical Qualifications of the Expert 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, has a subspecialty in Pain Management 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 Expert 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 9, 2013

“As per medical report dated 4/1/13, the patient presented with a worsened status since the last visit. As per medical report dated 3/18/13, the patient complained of pain on his right hand, and cannot put any weight on it and he also noted that he cannot lift anything heavy; also stated numbness at the pinky finger. Examination showed lack of sensation at the fifth digit, and minimal sensation at the ulnar side of the 4th digit; positive tenderness triangular fibrocartilage complex (TFCC) and pain at triangular fibrocartilage complex (TFCC) with compression. The patient was diagnosed with sprain of hand, unspecified site. “

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 (dated 4/22/13)
- Utilization Review Determination (dated 4/9/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Forearm, Wrist, and Hand Complaints, Chapter 11, pg 271-273.

- 1) **Regarding the request for physical therapy sessions two (2) times per week for six (6) weeks for the right hand:**

Medical Treatment Guideline(s) Relied Upon by the Expert 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), Forearm, Wrist, and Hand Complaints, Chapter 11, pg 271-273 of the Medical Treatment Utilization Schedule (MTUS). The Treating Provider did not reply to the offer to provide information or dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

No medical records were provided for review. Based on the Utilization Review Determination dated 4/9/13, the employee sustained a right hand injury due to an assault at work on 2/17/13. The employee has completed eight (8) sessions of physical therapy to date. The California MTUS emphasizes rapid rehabilitation and does not support ongoing formal physical therapy beyond 4-6 weeks for injuries to the hand/wrist. There is no demonstration of interim re-injury or documentation as to why the patient cannot be transitioned to a home rehabilitation setting. Furthermore, there is no submitted documentation that describes the functional outcome of the initial eight (8) sessions of physical therapy. An additional twelve (12) sessions of physical therapy would be in excess of guidelines, and the Claims Administrator's modification to allow an additional two (2) sessions of physical therapy is appropriate. The requested physical therapy sessions two (2) times per week for six (6) weeks for the right hand **is not 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
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

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.