
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral wrist cortisone injections **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 18 physical therapy sessions for bilateral wrist and elbow (3 times a week for 6 weeks) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/24/2013 disputing the Utilization Review Denial dated 4/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/27/2013. 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 request for bilateral wrist cortisone injections **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 18 physical therapy sessions for bilateral wrist and elbow (3 times a week for 6 weeks) **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 Medicine 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.

According to the available to documentation, [REDACTED] was involved in an industrial-related incident on 02/05/13. She reported injury to the bilateral wrists and elbows after repetitive use while chopping food at a restaurant. The patient was evaluated by [REDACTED] PA-C on 03/05/13. The patient reported use of ACE sleeve had not helped and was taking Naproxen. Minimal examination findings were given noting bilateral elbow and wrist range of motion normal with tenderness at the bilateral epicondyle and medial wrists. The patient was diagnosed with lateral epicondylitis and tenosynovitis of the hand and wrist NEC. Treatment recommendation for bilateral wrist x-rays and thumb splints for bilateral epicondylitis, right greater than left, x-rays and meloxicam. It was also noted they would refer the patient to see an ortho for possible cortisone injection. Explanation of Findings: Regarding cortisone injection, the ACOEM

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
- Utilization Review Determinations by [REDACTED] (dated 4/9/13)
- Pre-Authorization by [REDACTED] (dated 4/8/13)
- Request for Authorization of Medical Treatment by [REDACTED] (dated 4/2/13)
- Employee's Medical Records by [REDACTED] (dated 3/5/13 to 4/2/13)
- Employee's Certificate to Return to Work by [REDACTED] (dated 2/23/13)

- Employee's Physical Therapy Reports by [REDACTED] (dated 4/8/13 to 5/14/13)
- Employee's Medical Records by [REDACTED] (dated 5/14/13 to 5/31/13)
- Official Disability Guidelines (ODG) (2009) – Forearm, Wrist, and Hand Chapter: Injection section and Physical/Occupational Therapy section
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Elbow Disorder Chapter, page 241

1) Regarding the request for bilateral wrist cortisone injections:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) – Forearm, Wrist, and Hand Chapter: Injection section, which is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 11 (page 272, table 11-7), which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/5/2013 and experienced bilateral wrist and elbow injuries. The employee was diagnosed with lateral epicondylitis and tenosynovitis of the hand and wrist.

The employee's medical records received and reviewed support a diagnosis of bilateral lateral epicondylitis and bilateral wrist strains. ACOEM – Chapter 11, table 11-7 recommends cortisone injections for both lateral epicondylitis and wrist strains. The request for bilateral wrist cortisone injections is medically necessary and appropriate.

2) Regarding the request for 18 physical therapy sessions for bilateral wrist and elbow (3 times a week for 6 weeks):

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) Guidelines, 2nd Edition, (2004) – Elbow Disorder Chapter, page 241, which is part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines (ODG) – Forearm, Wrist, and Hand Chapter: Physical/Occupational Therapy section, which is a medical treatment guideline (MTG) that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS does not address the appropriate number of physical therapy visits for the employee's condition. The Expert Reviewer relied on the ODG section used by the Claims Administrator; ODG – Preface, Physical Therapy Guidelines; and ODG – Elbow Chapter, Physical Therapy section, which is a MTG that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/5/2013 and experienced bilateral wrist and elbow injuries. The employee was diagnosed with lateral epicondylitis and tenosynovitis of the hand and wrist.

The ODG – Preface, Physical Therapy Guidelines section recommends a 6-visit trial to determine the effectiveness of therapy. The ODG – Elbow Chapter, Physical Therapy section recommends 8 visits over 5 weeks for lateral epicondylitis. The ODG – Forearm, Wrist, and Hand Chapter, Physical/Occupational Therapy section recommends 9 visits over 8 weeks for sprains/strains of the wrist and hand.

The request does not differentiate between trial sessions, elbow sessions, or hand/wrist sessions. The guideline requirements are not met and the requested number of physical therapy sessions exceeds the recommended amount. The request for 18 physical therapy sessions for bilateral wrist and elbow (3 times a week for 6 weeks) 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

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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.



