

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: Select Date

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 5/2/2013
Date of Injury: 1/17/2013
IMR Application Received: 5/16/2013
MAXIMUS Case Number: CM13-0000382

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 Occupational 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 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 the 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 is a 54 year old female with a trigger finger. The provider asked for trigger finger release surgery as conservative care, including medication, physical therapy, and activity modification, has not alleviated the trigger. The surgery was approved and the provider is requesting pre authorization for postsurgical OT. The request is for 12 visits total. As this is a pre-authorization request, there are no post surgical PT notes to evaluate the need for additional therapy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Post-op physical therapy 3 times a week for 4 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Post Surgical Treatment Guidelines, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Post Surgical Treatment Guidelines, pg. 22, Tigger finger, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS postsurgical guidelines have specific recommendations for trigger finger. They recommend nine visits over eight weeks. A review of the records indicates that this request is asking for 12 visits. This exceeds current guideline recommendations. As the surgery has not occurred, there are no notes to evaluate the need for therapy to exceed current guidelines.

Therefore as the request exceeds recommended guidelines. The request for post-op physical therapy 3 times a week for 4 weeks is not medically necessary and appropriate..

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]

CM13-0000382