

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 request for occupational therapy sessions two times a week for six weeks for the left hand/middle finger **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/30/2013 disputing the Utilization Review Denial dated 5/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/30/2013. 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 occupational therapy sessions two times a week for six weeks for the left hand/middle finger **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 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 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 May 10, 2013

“SUMMARY OF TREATMENT/CASE HISTORY: This is a 59-year-old female who was injured on 2/6/13. The mechanism of injury was not provided for review. The diagnosis was open fracture of the middle finger. The associate was referred for therapy. As of 4/22/13, she had received 9 of 12 authorized sessions of therapy. There was a degree of improvement with range of motion. Pain was still present, rated 6-7/10 on a pain scale. There was improvement noted involving the eschar. There was a split nail. Scar tissue was noted about the fingertip. Range of motion findings detailed improvement with metacarpophalangeal (MCP) motion improvement from 25 degrees to 90 degrees, proximal interphalangeal (PIP) motion with previous motion of 30 to 60 degrees and on 4/22/13 10 to 25 degrees, lack of extension, 75 degrees flexion with distal interphalangeal (DIP) motion 0 to 25 degrees with improvement from 0 to 10 degrees. Grip strength in the left hand was reduced to 10/10/11 versus 54/48/55 on the right side. The associate was evaluated on 4/23/13, simply stating that there was stiffness in the finger with improvements noted. The continuation of therapy was recommended. The associate was temporarily disabled.”

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 (received 5/30/13)
- Letter from [REDACTED] (dated 5/2/13)
- Utilization Review determination from [REDACTED] (dated 5/10/13)
- Physician Review Recommendation (concurrent) from [REDACTED] (dated 5/9/13)
- Utilization Review determination from [REDACTED] (dated 5/22/13)
- Physician Review Recommendation (1 Appeal) from [REDACTED] (dated 5/20/13)
- Medical Records from [REDACTED] (dated 2/6/13 - 2/11/13)
- Medical Records from [REDACTED] (dated 2/6/13 – 5/14/13)
- Medical Records from [REDACTED] (dated 2/21/13 – 2/26/13)
- Medical Treatment Utilization Schedule (MTUS) Section 9792.24.2, Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 98-99, Physical Medicine

1) Regarding the request for occupational therapy sessions two times a week for six weeks for the left hand/middle finger:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 98-99, Physical Medicine, of the Medical Treatment Utilization Schedule (MTUS) and ODG Guidelines 11th edition, 2013, Forearm wrist hand section, physical/occupational therapy, a nationally recognized medical treatment guideline (MTG). The provider did not provide an evidence basis with his/her Request For Authorization. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee experienced an open fracture of the left middle finger on 2/6/13. Twelve physical therapy sessions were authorized. As of 4/22/13, nine were completed. Upon review of the medical records the employee had already undergone nine sessions of physical therapy with improvement in range of motion, but pain was still present. An examination on 4/23/13 revealed stiffness and a continuation of physical therapy was recommended.

The Chronic Pain Guidelines state active physical therapy sessions should start at three sessions per week and move down to one session per week. The MTUS

guidelines do not specify the total number of physical therapy visits allowed. ODGs state for fracture, eight visits of physical therapy is appropriate. Additional therapy is allowed (above the original eight sessions) should weakness be documented. On 4/22/13 loss of grip was reported in the left hand, but this was not objectively documented in the physician records and there was no documentation specifying the strength of the injured left middle finger. Therefore, the request for additional occupational therapy sessions two times a week for six weeks for the left hand/middle finger **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.