
Notice of Independent Medical Review Determination

Dated: 10/7/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/14/2013

1/6/2013

6/10/2013

CM13-0000617

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy 2 times per week for 6 weeks for the left hand **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/10/2013 disputing the Utilization Review Denial dated 5/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 additional physical therapy two (2) times per week for six (6) weeks for the left 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, 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 14, 2013:

According to the records made available for review, this is a 52-year-old female patient, s/p injury 1/16/13. The patient most recently (4/16/13) presented with left hand pain. Physical examination revealed tenderness over the 4th intermetacarpal space and decreased ROM. Current diagnoses include intrinsic muscle strain of the left hand involving the 4th. Treatment to date includes PT x18 (per nurse's clinical summary). Treatment requested is additional PT 2x6.

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 6/10/2013)
- Utilization Review Determination from [REDACTED] (dated 5/15/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for additional physical therapy two (2) times per week for six (6) weeks for the left 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) (2004), Pain, Suffering, and the Restoration of Function Chapter, pg. 114, a medical treatment guideline, not part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (current version), Forearm, Wrist and Hand Chapter, MTG not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Physical medicine, pages 98-99, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 1/6/13. The medical records provided for review indicate a diagnosis of intrinsic ulnar muscle strain of the left hand. Treatment has included 18 sessions of physical therapy. A submitted physical therapy report 4/15/13 indicates the employee's range of motion has normalized, muscle strength was normal and improving but there was pain with lifting greater than 5 lbs. The request is for additional physical therapy two (2) times per week for six (6) weeks for the left hand.

The MTUS Chronic Pain Guidelines limits physical therapy to 9-10 visits for strain/sprain. The medical records provided for review indicate the employee has already had 16 physical therapy treatments and has met the goals of return to normal range-of-motion and strength. The provider does not indicate any new specific goals other than for pain reduction and no additional information or diagnosis are provided to warrant on-going and additional therapy treatments. The request for additional physical therapy two (2) times per week for six (6) weeks for the left 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
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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.