

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

5/31/2013

Date of Injury:

2/17/2013

IMR Application Received:

6/7/2013

MAXIMUS Case Number:

CM13-0000734

- 1) MAXIMUS Federal Services, Inc. has determined the request for **occupational therapy two times a week for four weeks on the left thumb is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/7/2013 disputing the Utilization Review Denial dated 5/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 two times a week for four weeks on the left thumb is 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.

### **Expert Reviewer Case Summary:**

This patient has a date of injury of 2/17/2013, with the reference diagnosis of an open wound of the finger/tendon. A prior review noted that a physical therapy evaluation of 4/12/2013 discusses that the patient had undergone two surgical debridements of the wound, most recently on 3/10/2013, and the patient had swelling of the left thumb with hypersensitivity and with active range of motion of the left thumb interphalangeal (IP) joint of 57 degrees and opposition lacking 1.3 cm. As of 4/18/2013, the treating provider noted a plan to begin occupational therapy for desensitization of the left thumb, noting that the patient is a veterinarian who could not effectively hold surgical instruments with her left hand. On 5/2/2013, the provider's notes indicated that the patient was improving regarding sensitivity in the left thumb, although this was not resolved and the patient still could not hold surgical instruments, and therefore further occupational therapy was recommended. By 5/16/2013, the patient was noted to be improving and to have completed an unknown number of sessions of physical therapy to the left thumb, with good range of motion and improved strength. By 6/13/2013, the patient was noted to be improving, and the plan was to transition the patient to an independent home rehabilitation program.

### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for occupational therapy two times a week for four weeks on the left thumb:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Physical/Occupational Therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine Section, page 98, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines section on Physical Medicine, page 98, states, "Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions." In this case, the medical records indicate that during the time period under review, the employee was noted by the treating physician and therapist to have sensitivity in the area of the injured hand which limited the employee in terms of high dexterity required as a veterinary surgeon. CA MTUS Treatment Guidelines specifically discuss the potential role of supervised therapy to provide tactile instruction in such a situation to address hypersensitivity as in this case; it appears that the employee's particular need for very fine dexterity in the employee's occupation as a veterinary surgeon may not have been considered in the initial utilization review decision. For this reason, the records and the guidelines do support the requested treatment. **The request for occupational therapy two times a week for four weeks on the left thumb is 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/sab

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.