

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(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 additional physical therapy sessions for bilateral hands and wrists (2 sessions a week for 3 weeks) requested **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/11/2013 disputing the Utilization Review Denial dated 3/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/25/2013. 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 additional physical therapy sessions for bilateral hands and wrists (2 sessions a week for 3 weeks) requested **are not medically necessary and appropriate.**

Medical Qualifications of the Professional 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 professional 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 March 1, 2013.

“On 01/02/2013, the claimant sustained injury to the upper extremities. The AP is requesting for additional physical therapy. This claimant had nine physical therapy sessions tracked. The claimant reports of dull pain bilateral arms. The claimant denies pain with range of motion, weakness and normal range of motion noted. The AP indicates that the claimant had electromyogram/nerve conduction velocity study that showed tendinitis without evidence of carpal tunnel syndrome.

“The claimant had nine prior sessions of physical therapy without documentation of sustained functional improvement and should be progressed to an independent home exercise program focusing on stretching/strengthening and use of hot/cold packs for pain/spasms. There is no indication of a complication to recovery, co-morbidity, or extenuating clinical circumstance that would support continued physical therapy beyond the possibly exceeded guidelines. Additionally, there appeared to be no findings of progressive deficits that would support need for further physical therapy other than for home exercise program. The AP is willing to modify request to two sessions for home exercise program, which is reasonable. Therefore, continued physical therapy two times a week for three weeks for the bilateral hand/wrist is not necessary. However, two sessions are medically necessary.”

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 Modification by [REDACTED] (dated 3/1/13)
- Utilization Review Peer Review Report by [REDACTED] (dated 2/27/13)
- Employee's Medical Records by [REDACTED] (dated 1/3/13 through 4/30/13)
- Employee's EMG/NCS Report by [REDACTED], M.D. (dated 2/14/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 11; Pages 265-268

1) Regarding the request for additional physical therapy sessions for bilateral hands and wrists (2 sessions a week for 3 weeks):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional 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) – Chapter 11; Pages 265-268, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the Official Disability Guidelines (ODG) (2009) (Forearm, Wrist and Hand Chapter; Physical Therapy Section), of the MTUS more relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee's medical records show evidence of tenosynovitis, de Quervain's tenosynovitis, and bilateral wrist pain. The employee has had x-rays which have been interpreted as normal. An electromyography report dated 2/14/2013 failed to reveal any neurological deficits and physical exam findings are consistent with the listed diagnosis.

The utilization review indicates the employee has attended 9 sessions of physical therapy to date. There is no documentation of interim re-injury or any indication that she cannot tolerate a home exercise program. ODG indicates up to 12 sessions of physical therapy can be authorized to address the De Quervain's tenosynovitis. The request for an additional 6 sessions of physical therapy exceeds the ODG allowable amount. The additional physical therapy sessions requested are 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.