
Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0015700	Date of Injury:	10/11/2012
Claims Number:	██████████	UR Denial Date:	8/12/2013
Priority:	Standard	Application Received:	8/23/2013
Employee Name:	██████████		
Provider Name:	██████████		
Treatment(s) in Dispute Listed on IMR Application:	Hand therapy 97110		

DEAR ██████████

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, ██████████

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 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 underlying date of injury is 10/11/2011. This patient is a 36-year-old woman who was injured while pushing a patient in a wheelchair up a ramp. The patient's diagnoses include lateral and medial epicondylitis as well as ulnar neuritis and postural lateral adhesion causing mechanical popping.

A prior physician review notes that the treatment guidelines stress the importance of a time-limited treatment plan with specifically defined functional goals and note that this patient has already exceeded the guidelines for therapy with no clear rationale for an exception.

IMR DECISION(S) AND RATIONALE(S)

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

1. Hand therapy is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 99, which is part of the MTUS, and the ODG Forearm, Wrist and Hand, Physical Therapy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, page 98, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines, section on physical medicine, states, "Patient-specific hand therapy is very important... active therapy requires an internal effort by the individual to complete a specific exercise or task... Allow for fading of treatment frequency plus active self-directed home physical medicine." The guidelines therefore anticipate that this patient would have transitioned to an independent active home rehabilitation or alternatively that

the treating physician would provide specific rationale and goals for continued hand therapy. The medical records do not meet these criteria. At this time the requested hand therapy is not medically necessary.

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]

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