

Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	10/25/2010
IMR Application Received:	8/23/2013
MAXIMUS Case Number:	CM13-0015769

- 1) MAXIMUS Federal Services, Inc. has determined the request for **12 physical therapy sessions is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/9/2013. 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 **12 physical therapy sessions** 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.

Expert Reviewer Case Summary:

Review decision is 07/25/2013. This patient's primary treating diagnosis is radial styloid tenosynovitis. An initial Utilization Review in this case notes that the patient is a 48-year-old woman who was injured via cumulative trauma/repetitive job duties. That initial Utilization Review summarizes the treatment records and notes that as of 06/21/2013, the patient had completed 9 physical therapy sessions and reported a 45% improvement since her initial evaluation, with pain now intermittent and present mainly when using the thumb. That Utilization Review also notes that as of 07/05/2013, the patient had completed 12 visits of therapy and the patient also had been treated with medication and acupuncture and instruction in a home exercise program. That Utilization Review indicated that the medical records did not substantiate a rationale for additional supervised physical therapy. Note that the medical records report the additional diagnoses of status post left carpal tunnel release, status post left de Quervain's release, symptomatic right de Quervain's disease, bilateral elbow tendinitis, depression, and anxiety.

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 12 physical therapy sessions :

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 Forearm, Wrist and Hand Complaints and Postsurgical Treatment Guidelines which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine Section, page 132-133 which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines section on Physical Medicine states, "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 treatment guidelines therefore anticipate that this employee would have transitioned by now into an independent active home rehabilitation program. The medical records provided for review do not provide a rationale as to why this employee instead would have required additional supervised therapy during the time period under review, and nothing in the medical records document specific proposed methods or goals of physical therapy which would require more supervision than independent home rehabilitation. **The request for 12 physical therapy sessions 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,

Paul Manchester, MD, MPH
Medical Director

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

/jr

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.