

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/26/2013
Date of Injury:	8/3/2013
IMR Application Received:	9/3/2013
MAXIMUS Case Number:	CM13-0019733

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twenty-four physical therapy sessions for the left wrist, two to three times a week for eight weeks as an outpatient is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **twenty-four physical therapy sessions for the left wrist, two to three times a week for eight weeks as an outpatient 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, has a subspecialty in Interventional Spine 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:

48 yr old female with a fall injury suffering from chronic neck, shoulder, wrist, and hand pains. A review of the records indicates that the patient has had 4 sessions of therapy to the neck and shoulder, and an additional 12 sessions to the upper extremity. The patient has been recommended for stellage ganglion block which does not appear to have been done yet and the patient is waiting for rheumatology consult. The provider has asked for additional 18 to 24 sessions of therapy.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for twenty-four physical therapy sessions for the left wrist, two to three times a week for eight weeks as an outpatient:

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 ACOEM, <https://www.acoempracguides.org/handandwrist>, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Physical Medicine pages 98-99, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines allow for 24 sessions of therapy for Reflex Sympathetic Dystrophy Syndrome (RSD). According to the medical records provided for review, this employee has already received 16 sessions of documented therapy and possibly more. The employee had 16 sessions by the 6/7/13 therapy note and the employee was continuing therapy at the time. The submitted documentation does not summarize how many sessions the employee has had. The provider was recommending an additional 18 sessions of therapy as of the 7/23/13 report. As of the 6/7/13 therapy note, there appears to be a lack of how much progress in terms of pain, strength, and a loss of range in the employee's neck and fingers has been made. The therapy note does not discuss any progress from all of the therapy treatments the employee has received. The submitted medical evaluation report only recommended an additional 4 sessions of therapy, which has by now been exceeded. The employee has had a documented 16 sessions of therapy and the current request for an additional 18 to 24 sessions exceeds what is recommended by MTUS Chronic Pain Guidelines for RSD. **The request for twenty-four physical therapy sessions for the left wrist, two to three times a week for eight weeks as an outpatient 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

/MCC

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.