MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 9/23/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/17/2013
Date of Injury:	9/24/2010
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002903

1) MAXIMUS Federal Services, Inc. has determined the request for post-op physical therapy 2 times a week for 5 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 post-op physical therapy 2 times a week for 5 weeks **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 Expert Reviewer is Board Certified in Physical Medicine & 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.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 17, 2013.

CLINICAL SUMMARY: The patient reported an industrial injury on 9/24/2010, 34 months ago to the lower back during the performance of his normal job duties. The patient underwent a left sided CTR and CuT release on 12/19/2012 that was noncertified by UR. The patient has received authorization for 15 postoperative sessions of physical therapy directed to the postoperative CTR and cubital tunnel release. The patient has exceeded the number of sessions recommended by the California MTUS for post operative rehabilitation and has exceeded the time period recommended by the California MTUS for rehabilitation physical 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 for Independent Medical Review (7/24/13)
- Utilization Review from [redacted] (7/17/13)
- Medical Treatment Utilization Schedule (MTUS)

*Note: Medical records were not submitted by Claims Administrator

1) **Regarding the request for post-op physical therapy 2 times a week for 5 weeks:**

Medical Treatment Guideline(s) Relied Upon by the Expert 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), Ch. 11, page 254 and Ch. 10, page 235, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the following sections of the Official Disability Guidelines (ODG): Forearm, Wrist, Hand Ch., Physical Therapy section; Carpal Tunnel Syndrome Ch., Physical Medicine section; and Elbow Ch., Physical Therapy and Work Sections; which are medical treatment guidelines that are not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the ODG guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee was injured on 9/24/2010. Medical records submitted indicate lower back pain, lumbar spine sprain/strain, bilateral CTS and chronic pain due to bilateral cubital tunnel syndrome. Treatment has included 15 sessions of postoperative physical therapy as well as cubital tunnel release. A request was submitted for a post-op physical therapy 2 times a week for 5 weeks.

The ODG indicates postsurgical treatment for carpal tunnel release is 3 to 8 physical therapy visits over 3 to 5 weeks, and for cubital tunnel syndrome postoperative treatment is 20 visits over 10 weeks. Clinical notes provided did not indicate the efficacy of prior physical therapy to support the requested continuation of supervised therapeutic intervention. The request for post-op physical therapy 2 times a week for 5 weeks 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;

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.