

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	7/11/2009
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003416

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 visits** 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 Preventive Medicine and Occupational 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 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:

CLAIMANT: [REDACTED]-IMR

CLINICAL SUMMARY: All 50 pages of medical, insurance, and administrative records provided were reviewed.

SUMMARY OF RECORDS: The applicant, Ms. [REDACTED], is a represented 29-year-old who has filed a claim for left wrist and left elbow pain reportedly associated with an industrial injury of July 11, 2009.

Thus far, she has been treated with the following: Analgesic medications; prior elbow cubital tunnel release surgery; left wrist de Quervain's release surgery, unspecified amounts of therapy over the life of the claim; and the apparent imposition of permanent work restrictions.

The most recent progress report of June 14, 2013 is notable for comments that the applicant is participating in physical therapy and notes some improvement in strength. She still has some hypersensitivity over the scar and weakness about the left upper extremity. She is described as having completed 12 sessions of physical therapy. She is asked to continue home exercise program and pursue an additional 12 sessions of physical therapy. Her permanent work restrictions are renewed.

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 visits:

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 Official Disability Guidelines (ODG), Physical Therapy Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pgs. 98-99, 8, which are part of the MTUS, and the Official Disability Guidelines (ODG), Physical Therapy Guidelines, which is not part of the MTUS.

Rationale for the Decision:

The employee has had prior treatments in 2013 (12 sessions) in excess of the 9 to 10 session course recommended by the Chronic Pain Medical Treatment Guidelines. The guidelines endorse the importance of active modalities, home exercises and self directed therapy. In this case, no clear goals of further physical therapy have been outlined. The employee has failed to effect any evidence of functional improvement in terms of work status, work restrictions, and/or activities of daily living with prior 12 sessions of physical therapy completed in 2012 alone. Continuing physical therapy in excess of the guidelines without clear evidence of functional improvement is not indicated per the guidelines. The guideline criteria have not been met. **The request for 12 physical therapy visits 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

/ldh

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.