
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	5/26/2012
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003418

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two times per week for six weeks for the right hand/wrist **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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 physical therapy two times per week for six weeks for the right hand/wrist **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 Occupational Medicine 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 8, 2013:

“According to progress report dated 6/10/13 by [REDACTED] MD, the patient came in for evaluation due to chief complaint of tenderness over the scar on the palmar aspect of right index finger down the mid-ulnar area. On exam, the patient had limitations and significant scar sensitivity. The patient had tenderness over the scar on the palmar aspect of the right index finger down to the mid ulnar area. It was very tight.”

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 (received 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/8/13)
- Medical Treatment Utilization Schedule (MTUS)

Note: Medical Records were not submitted timely by the claims administrator, employee or employee’s representative.

1) Regarding the request for physical therapy two times per week for six weeks for the right hand/wrist:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Postsurgical Treatment Guidelines (2009), page 19, which is a part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 5/26/2012 and has tenderness over the scar on the palmar aspect of the right index finger down the mid-ulnar area. The employee is status post repair of contractures of scar issue in the right hand on 1/21/2013. The employee has had 6 prior physical therapy visits. The request is for physical therapy two times per week for six weeks right hand/wrist.

The MTUS Postsurgical Guidelines for contracture of palmar fascia recommend postsurgical treatment of 12 visits over 8 weeks, and that the postsurgical physical medicine treatment period is 4 months. The employee has already received 6 physical medicine sessions, and the surgery was over 4 months prior to the date of the visit where the employee returned complaining of hand pain. By this time, the employee should be functioning well enough to proceed with a home exercise plan. However, there are no actual clinical notes available for review. The request for physical therapy two times per week for six weeks right hand/wrist **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
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/hs

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.