

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 4/5/2012
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004467

- 1) MAXIMUS Federal Services, Inc. has determined the request for hand therapy for the left hand three times per week for four weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 hand therapy for the left hand three times per week for four 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 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.

Case Summary:

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

"This is a female patient with a date of injury on 04/05/12. Medical necessity of physical therapy is compared to the CA MTUS criteria, which states, "Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks." Per the UR nurse's notes, the patient has received 18 sessions of PT to date. Documentation provided for review, does not identify specific musculoskeletal deficits that would prevent safe and effective transition to a self-directed home exercise program (HEP) to support the medical necessity for additional supervised rehabilitation. Also, there is no documentation of objective functional benefit received from PT to date. Therefore, the request for an additional 3x4 of PT for the hand is not medically necessary and is non-certified."

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:

[REDACTED]

- 1) **Regarding the request for** hand therapy for the left hand three times per week for four weeks:

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 Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, part of the MTUS. The Expert Reviewer found the guidelines used by the Claims Administrator to be applicable and relevant to the issue to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial related injury on 4/5/2012. A review of the medical records submitted indicates the employee has been treated with 18 sessions of physical therapy, and medications. A medical report dated 07/30/2013 indicates pain to the left elbow that increases with activity. Physical examination noted a positive Tinel's at the left elbow with medial and lateral tenderness to palpation of the elbow, and left wrist joint line tenderness with reduced grip strength. A request was submitted for hand therapy for the left hand 3 times per week for 4 weeks.

California MTUS Guidelines recommend 9 visits to 10 visits over 8 weeks for treatment of myalgia and myositis and 8 visits to 10 visits over 4 weeks for treatment of neuralgia, neuritis, and radiculitis. The medical records submitted for review indicates the employee has significant pain to the left elbow verbalized on a scale of 4/10 to 5/10, which increases when the arm is being used. The records indicate that the employee is taking prescription medications for pain but there is no indication of a reduction in symptoms. Eighteen prior sessions of physical therapy have been undertaken but there is no evidence in the records of functional improvement or progression in treatment goals. The medical records do not document exceptional factors to continue with physical therapy treatment outside guideline recommendations. The request for hand therapy for the left hand 3 times per week for 4 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: 

/db

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.