

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	10/7/2009
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004719

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional post-op occupational therapy three (3) times a week for four (4) weeks is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 **additional post-op occupational therapy three (3) times a week for four (4) weeks is 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:

All 165 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED], is a [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of October 7, 2009.

Thus far, the applicant has been treated with the following: Analgesic medications; carpal tunnel release surgery; TFCC tear repair surgery and chondroplasty of the distal ulna on April 15, 2013; carpal tunnel release surgery on April 15, 2013; and extensive periods of time off of work.

Specifically reviewed is a July 17, 2013 utilization review report denying 12 sessions of occupational therapy on the grounds that the applicant has already completed 24 sessions of occupational therapy. The postsurgical medical treatment guidelines in MTUS 9792.24.3 pertaining to carpal tunnel syndrome are solely cited.

Also reviewed is a July 9, 2013 progress note suggesting that the applicant remains off of work, on total temporary disability. She has already begun attending the second set of 12 physical therapy visits. She exhibits full range of motion about the right wrist with grip strength that is two-thirds normal. She remains off of work, on total temporary disability. She is asked to continue 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 Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for additional post-op occupational therapy three (3) times a week for four (4) 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 MTUS, Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) and Postsurgical Treatment Guidelines.

The Expert Reviewer based his decision on the MTUS, Postsurgical Treatment Guidelines, Carpal tunnel syndrome, ulnar TFCC reconstruction, which is part of MTUS.

Rationale for the Decision

MTUS Postsurgical Treatment Guidelines support a general course of 16 sessions of treatment following TFCC reconstruction surgery and a postsurgical physical medicine treatment period of four months. On July 17, 2013, the employee was still within this postsurgical treatment period. MTUS 9792.24.3 also supports three to eight sessions of treatment following carpal tunnel release surgery. In this case, the employee was at or immediately outside the postsurgical treatment period for carpal tunnel syndrome. The employee also underwent other procedures not specifically enumerated in MTUS 9792.24.3, including some sort of chondroplasty procedure. Thus, on balance, the employee underwent several wrist surgeries for which extension of additional occupational therapy was indicated, appropriate, and supported by MTUS 9792.24.3. Although the employee did not return to work as of the date of the UR request, it does appear that there was some evidence of functional improvement in terms of improved performance of activities of daily living as evinced by improving grip strength and range of motion. **The request for additional post-op occupational therapy three (3) times a week for four (4) weeks is 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

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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.