

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	12/6/2008
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005417

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional occupational therapy two (2) times a week for six (6) weeks left hand is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. 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 occupational therapy two (2) times a week for six (6) weeks left hand** 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 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:

The applicant reportedly sustained an injury on 12/6/2008. Thus far, she has been treated with analgesic medication, prior ulnar ORIF surgery, wrist arthroscopy, ulnar osteotomy, and subsequent ulnar hardware removal, unspecified amounts of physical therapy, topical compounds and work restrictions. The applicant last underwent surgery on 7/2/2012, at which point, she underwent removal of buried hardware about the ulna. A note of 7/9/2013 is notable for comments that the applicant has not been working. She reports persistent pain and swelling about the injured elbow with associated stiffness appreciated about the same on exam. The applicant is given a prescription for 12 sessions of occupational therapy and asked to employ Voltaren and topical Terocin for pain relief. In a Utilization Report dated 7/15/2013, the claims administrator denied a 12-session course of 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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for additional occupational therapy two (2) times a week for six (6) weeks left hand:

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, which are part of the MTUS, and the ODG Forearm, Wrist and Hand, Physical/Occupational Therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate the frequency of therapy should be tapered or diminished over time. The guidelines endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts. The records submitted for review indicate that several years have elapsed since the injury and it has been over one year since the employee underwent surgery. Therefore, the emphasis should be on active modalities, active therapy, fading treatment frequency, and home exercises. The current request for 12 sessions represents an excess of the general course recommended in the guidelines. In addition, no compelling rationale for the 12-session course of therapy was proposed by the attending provider. **The request for additional occupational therapy two (2) times a week for six (6) weeks left hand 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

/sab

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.