

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:	7/16/2013
Date of Injury:	3/16/2012
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005714

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy beyond the 8 sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for a custom thumb or elbow braces/splints **is 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 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/27/2013. 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 beyond the 8 sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for a custom thumb or elbow braces/splints **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 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.

Expert Reviewer Case Summary:

There is an Independent Medical Review (IMR) application signed on 7/29/13, that shows the patient with the 3/16/12 injury claim, is disputing the 7/16/13 Utilization Review (UR) decision. The 7/16/13 UR decision is based on the 6/12/13 medical report and the 5/30/13 Authorized Medical Examiner (AME) report. The UR approved a right shoulder MRI, a request for occupational therapy (OT) 2-3x/week for 6 weeks was modified to allow 8 sessions. A Neurology consult and psychological consult was approved, thumb spica off-the-shelf and elbow brace prefabricated. The 6/12/13 medical report was not provided for IMR. The patient is 43 YO, 5'0", ~207 lbs, right handed (RHD), female, who worked as a bindery helper, operating machinery to cut business cards, paper and bindings She suffered cumulative trauma to her neck, right shoulder elbow, wrist/hand and low back through 3/16/12. The 7/3/13 report from Dr [REDACTED] requested OT 2-3x/week for 6 weeks, also 8 sessions of acupuncture and 8 sessions of chiropractic care. She was given a right wrist injection and instructed to continue using the thumb spica brace, and was given a tennis elbow brace. The 5/30/13 AME by Dr [REDACTED], notes she had 24 sessions of physical therapy PT that was helpful, and his record review shows PT from 4/2/12 to 5/9/12. There was no mention of a history of OT, chiropractic or acupuncture.

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 [REDACTED]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy beyond the 8 sessions:

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 American College of Occupational and Environmental Medicine (ACOEM), table 10-6, 10-3 and 11-7, which are part of the MTUS, and the Official Disability Guideline (ODG), Physical therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Occupational therapy, page 74, Physical therapy, page 99 and Physical Medicine, pages 98-99, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate for physical therapy 8-10 sessions over 4 weeks for myalgia or neuralgias. A review of the submitted medical records indicates that the employee has already had 24 sessions of physical therapy, which exceeds the guideline recommendation. **The request for physical therapy beyond 8 sessions is not medically necessary and appropriate.**

2) Regarding the request for a retrospective custom thumb or elbow braces/splints:

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 American College of Occupational and Environmental Medicine (ACOEM), table 10-6, which is part of the MTUS and the Official Disability Guidelines, (ODG), Splints, Wrists & Carpal Tunnel Syndrome and Tennis elbow band, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) Lateral Epicondylalgia (Lateral Epicondylitis), page 10 & 20, and the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), Initial Care, pages 263-263, which is part of the MTUS.

Rationale for the Decision:

ACOEM Guidelines recommends supports for epicondylalgia as well as for Carpal Tunnel Syndrome (CTS) and DeQuervain's. Both the thumb and elbow splints are recommended. The splints and supports need to fit properly to be effective, ACOEM does not state that custom versus prefabricated are reasons to deny it. ACOEM states that cost and side effects as well as provider and patient preferences should guide the clinician's choice of recommendations. A review of the submitted medical records indicates that the employee has been diagnosed with right elbow lateral epicondylitis, right wrist, 1st and 2nd extensor tenosynovitis, as well as right CTS. A progress note dated 7/3/13 indicates that the employee has previously been using a thumb spica, and on the day of that visit was given an elbow support brace. The request meets the criteria set forth in the ACOEM Guidelines. **The request for a retrospective custom thumb and elbow brace 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

/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.