

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/11/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/18/2013 |
| Date of Injury: | 11/6/2006 |
| IMR Application Received: | 8/2/2013 |
| MAXIMUS Case Number: | CM13-0006235 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy two times a week for four weeks to address bilateral hands** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 two times a week for four weeks to address bilateral hands 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 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:

Patient is a 48-year-old male with carpal tunnel syndrome in both hands. Date of injury is 11/6/2006. The patient symptoms of numbness are persistent and he feels a popping sensation a left-hand. Symptoms have increased since July 2013 and the patient had carpal tunnel release the right-hand in March 2013 in the left-hand April 2013. These second surgeries on both sides. The patient has been on Neurontin for pain he continues to be work restricted and functionally deficient due to ongoing symptoms. Restrictions include no repetitive use of the hand and no lifting over 5 pounds.

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 physical therapy two times a week for four weeks to address bilateral hands:**

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Treatment Guidelines, which is part of MTUS and the Official Disability Guidelines (ODG), which is not part of MTUS. The Claims Administrator also based its decision on

ACOEM Hand and Wrist Disorders, which is part of MTUS. The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines physical medicine and page 63, which is part of MTUS.

Rationale for the Decision:

MTUS allows for feeding achievement frequency and physical medicine visits from three this is per week to one or less this week and then progressing to active self-directed home physical medicine. Guidelines also allow for 9 to 10 visits over eight weeks for myalgia and myositis. The flareup of carpal tunnel syndrome can be construed as inflammation in the tendons of the wrist. As the employee had an acute exacerbation of carpal tunnel and has not been able to work physical therapy would afford increased use of hands due to increased exercise and decrease inflammation. As the way the request is written two times a week for four weeks it is not compliant with MTUS guidelines. **The request for physical therapy two times a week for four 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,

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.