

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/3/2013
Date of Injury:	5/10/2011
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0006961

- 1) MAXIMUS Federal Services, Inc. has determined the request for **six physical therapy visits for the bilateral wrists, 3 visits per week for 2 weeks is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 8/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. 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 **six physical therapy visits for the bilateral wrists, 3 visits per week for 2 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 41-year-old worker who had been involved in a 05/10/11 industrial incident. On 10/8/12 the documentation indicates the employee is status post right carpal tunnel release. In December 2012 the employee had a left carpal tunnel release. On 1/16/13 the employee was injected with Kenalog in the bilateral hands for De Quervain's tenosynovitis. The employee has had 26 occupational therapy visits, 8 physical therapy visits and 12 acupuncture visits per prior UR review dated 8/3/13. As of the 01/21/13 physical therapy assessment, the employee was being treated for left carpal tunnel release and had seven visits for the current episode having missed three visits with a cumulative total of 29 visits, pain levels 7/10 on a 0-10 VAS and there appeared to be decrease in grip/pinch strength and some improvement in active range of motion of the wrists and digits. In the 07/23/13 provider's evaluation, the bilateral wrists showed moderate tenderness to palpation diffusely, mild swelling diffusely. The request is for six more physical therapy visits for the bilateral wrists, three times per week for two more weeks for De Quervain's tenosynovitis.

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 six physical therapy visits for the bilateral wrists, 3 visits per week for 2 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 Postsurgical Treatment Guidelines, which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99, which is part of the MTUS and the Official Disability Guidelines (ODG), Hand & Wrist Chapter, Physical Therapy/Occupational Therapy; Carpal Tunnel Syndrome, which is not part of the MTUS.

Rationale for the Decision:

The medical records submitted for review indicate that at this point, the employee has exceeded the number of physical therapy visits recommended by the guidelines for post operative carpal tunnel release and also for radial styloid tenosynovitis. **The request for six physical therapy visits for the bilateral wrists, 3 visits per week for 2 weeks are 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

/srb

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.