

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	3/22/2012
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008501

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twelve physical therapy sessions for the right wrist is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **an unknown amount of physical therapy sessions for the hip and pelvis is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 **twelve physical therapy sessions for the right wrist** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **an unknown amount of physical therapy sessions for the hip and pelvis** 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 Occupational, 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 is a represented [REDACTED] employee who has filed a claim for chronic wrist pain and chronic pelvic pain reportedly associated with an industrial injury of March 22, 2012.

Thus far, the applicant has been treated with the following: Open reduction and internal fixation (ORIF) of pelvic and right wrist fractures in March 2012; subsequent triangular fibrocartilage complex (TFCC) repair surgery in November 2012; 52 cumulative sessions of therapy over the life of the claim; and extensive periods of time off of work.

In a Utilization Review report of August 1, 2013, the claims administrator denied a request for 12 additional sessions of physical therapy and also denied unspecified amounts of therapy for the hip and pelvis.

A recent clinical progress note of August 12, 2013 is notable for comments that the applicant has been unable to return to work as a firefighter. The applicant has used numerous oral and topical agents, including Celebrex and Voltaren gel. Additional physical therapy is sought. The applicant is described as exhibiting pain-limited range of motion and slight swelling noted about the injured wrist.

An earlier note of July 22, 2013 is notable for comments that the applicant remains off of work, on total temporary disability.

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 twelve physical therapy sessions for the right wrist:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Functional Restoration Approach to Chronic Pain Management, page 8 and Physical Medicine Guidelines, page 99, which is part of the MTUS.

Rationale for the Decision:

The records submitted for review indicate the employee has had 52 prior treatment sessions over the course of the claim, seemingly well in excess of the 9- to 10-session course recommended by the MTUS Chronic Pain guidelines. The MTUS guidelines endorse tapering or fading the frequency of treatment over time and also endorse demonstration of functional improvement in order to justify continued treatment. The records do not demonstrate ongoing functional improvement with prior physical therapy. The employee remains off of work on temporary total disability, and continues to use numerous oral and topical analgesics, arguing against functional improvement as defined in MTUS §9792.20 (f). **The request for twelve physical therapy sessions for the right wrist is not medically necessary and appropriate.**

2) Regarding the request for an unknown amount of physical therapy sessions for the hip and pelvis:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Functional Restoration Approach to Chronic Pain Management, page 8 and Physical Medicine Guidelines, page 99, which is part of the MTUS.

Rationale for the Decision:

The records submitted for review indicate the employee has had 52 prior treatment sessions over the course of the claim, seemingly well in excess of the 9- to 10-session course recommended by the MTUS Chronic Pain guidelines. The MTUS guidelines endorse tapering or fading the frequency of treatment over time and also endorse demonstration of functional improvement in order to justify continued treatment. The records do not demonstrate ongoing functional improvement with prior physical therapy. The employee remains off of work on temporary total disability, and continues to use numerous oral and topical analgesics, arguing against functional improvement as defined in MTUS §9792.20 (f). **The request for an unknown amount of physical therapy sessions for the hip and pelvis 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

/bh

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.