

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 5/26/2012
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0008505

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 05/26/2012. The primary treating diagnosis is 718.44 or hand joint contracture. The patient is status post-surgical repair of a contracture of scar tissue in the right hand on 01/21/2013. The patient was seen and followed by the treating physician 06/10/2013 with a chief complaint of tenderness over the scar on the palmar aspect of the right index finger and the mid ulnar area. The patient was noted to have attended 6 physical therapy visits. A prior reviewer noted that the guidelines do not address this specific issue but that for contracture the guidelines recommend 12 visits over 8 weeks. Therefore, that reviewer modified this request for 6 visits and a note to complete training in an independent home rehabilitation program. Treating physician notes of 06/10/2013 indicated the patient never participated in any therapy sessions other than 6 sessions since surgery. The treating physician clarified that his request was not for 12 additional sessions but rather for 12 total sessions.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Physical Therapy 2 times a week for 6 weeks Right Hand/Wrist is medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Postsurgical Treatment Guidelines, page 19, which is part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, which is part of MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, Page 99, recommends “allow for fading of treatment frequency plus active self-directed home Physical Medicine.” The medical records indicate a plan to transition the patient to an independent home rehabilitation program. That plan is consistent with the guidelines. It appears that there may be a terminology issue in terms of the current request not being for 12 additional therapy sessions but rather 12 total sessions, inclusive of 6 sessions for which the patient was already certified. The guidelines do support in total 12 physical therapy sessions, as requested, with a transition into independent home rehabilitation. Therefore, this request is medically necessary.

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.

[REDACTED]
[REDACTED]
[REDACTED]

CM13-0008505