

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/1/2013
Date of Injury: 10/27/2012
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0009712

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy for the right wrist twice a week for four weeks is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy for the left wrist twice a week for four weeks is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 for the right wrist twice a week for four weeks** is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy for the left wrist twice a week for four 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 Preventative Medicine and 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:

The applicant has filed a claim for bilateral carpal tunnel syndrome reportedly associated with an industrial injury of October 27, 2012. Thus far, the applicant has been treated with the following analgesic medications, left carpal tunnel release surgery on May 8, 2013; right carpal tunnel release surgery on July 3, 2013, eight sessions of postoperative therapy for the right wrist, 12 sessions of postoperative therapy for the left wrist, initial periods of temporary disability and subsequent return to restricted duty work. In a Utilization Review Report of August 1, 2013, the claim's administrator partially certified seven sessions of therapy for the right wrist and denied eight sessions of therapy for the left wrist. The applicant's attorney subsequently appealed on October 1, 2013.

A later note of September 20, 2013 is notable for comments that the applicant is still having pain about the surgical scars bilaterally. This hardening of scar tissue on palpation with contracted thenar pads. The applicant is apparently unable to lay the hands flat. Recommendations are made for the applicant to pursue additional physical therapy. It is suggested that the applicant will have greater disability if this is not addressed fully and the applicant is trying to get back to regular duty work. It is noted that the applicant was on total temporary disability on August 15, 2013, and has other orthopedic comorbidities, including a history of left carpal tunnel release surgery.

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 for the right wrist twice a week for four 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 California MTUS: Carpal Tunnel Syndrome, as well as the Postsurgical Treatment Guidelines, which are a part of the MTUS.

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

Rationale for the Decision:

A review of the records indicates that the employee is now outside of the three-month postsurgical treatment period established in the postsurgical guidelines. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. The chronic pain guidelines emphasize active therapy, active modalities, and the importance of hand therapy. In this case, the employee does have residual deficits pertaining to both hands, which do warrant additional therapy. The records provided for review indicate that there had been some strides made in functional improvement as evidenced by her return to modified work. While the guidelines emphasize tapering or fading the frequency of physical therapy over time, on balance, the eight-session course of treatment proposed by the attending provider is not unreasonable in light of some of the deficits the attending provider has identified, including the indurated scars, difficulty typing, etc. **The request for eight sessions of physical therapy for the right wrist is medically necessary and appropriate.**

2) Regarding the request for physical therapy for the left wrist twice a week for four 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 California MTUS: Carpal Tunnel Syndrome, as well as the Postsurgical Treatment Guidelines, which are a part of the MTUS.

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

Rationale for the Decision:

A review of the records indicates that the employee does have residual deficits about both wrists, including induration, hardening of the scars, difficulty typing, etc., which could warrant additional therapy. However, the request to pursue eight sessions of therapy apiece for each body part is not medically necessary, as the MTUS Chronic Pain Medical Treatment Guidelines endorse tapering or fading the frequency of physical therapy over time. **The request for eight sessions of physical therapy for the left wrist 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

/dso

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.