

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

3068

[Redacted]

Dated: 12/30/2013

| | | | |
|--|---------------|------------------------------|------------|
| IMR Case Number: | CM13-0023428 | Date of Injury: | 06/25/2009 |
| Claims Number: | [Redacted] | UR Denial Date: | 09/05/2013 |
| Priority: | STANDARD | Application Received: | 09/12/2013 |
| Employee Name: | [Redacted] | | |
| Provider Name: | [Redacted] MD | | |
| Treatment(s) in Dispute Listed on IMR Application: | | | |
| PHYSICAL THERAPY ADDITIONAL 2 X WK X W6WKS RIGHT UE (RFA DATED 08-27-13) | | | |

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: UPHOLD. This means we decided that none 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 Internal Medicine, Pulmonary Diseases, 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 patient is a 37-year-old male who reported an injury on 06/25/2009. The patient was noted to be status post elbow ulnar nerve transposition and medial condyle release on 02/26/2013. The patient was noted to have participated in 7 sessions of physical therapy and had decreased strength in the bilateral upper extremities. The impression was stated to include status post right ulnar nerve transposition and medial epicondyle release on 02/26/2013 and the request was made for physical therapy for the right upper extremity 2 times a week for 6 weeks.

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 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS. The Physician Reviewer also based his/her decision on the Official Disability Guidelines (ODG), Elbow Chapter, Physical Therapy, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines recommend postsurgical treatment for 20 visits with duration of medical treatment of 6 months; the patient would fall outside the guidelines as the surgery was 02/26/2013. CA MTUS Guidelines recommend 9 to 10 visits for myalgia and myositis; however, it fails to provide specific therapy for the elbow. As a secondary source, Official Disability Guidelines recommend therapy for the elbow when there is evidence of musculoskeletal or neurologic condition that is associated with functional limitations and the functional limitations are likely to respond to skilled physical medicine treatment. The clinical documentation submitted for review failed to provide the patient had documented functional limitations and failed to provide the patient's response to the prior physical therapy. Given the above, the request for physical therapy 2 times a week for 6 weeks is not 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]

CM13-0023428