

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested 12 Post-Operative Physical Therapy Visits are **medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/5/2013 disputing the Utilization Review Denial dated 3/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/30/2013. 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 requested **12 Post-Operative Physical Therapy visits requested are medically necessary and appropriate.**

Medical Qualifications of the Professional 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 & Rehabilitation, has a subspecialty in Pain 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated March 21, 2013.

“The patient is a 41-year-old female who reported a work-related injury to her left hand as a result of strain on 02/23/2013. Subsequently, the patient has been diagnosed via x-ray dated 03/01/2013 signed by Dr. [REDACTED] with a nondisplaced fracture of the third metacarpal neck. The clinical note dated 03/11/2013 reports the patient was seen under the care of Dr. [REDACTED] for her left hand pain complaints. The provider documents the patient sought medical treatment, x-rays were performed, and the patient was found to have a fracture. The provider reports the patient was splinted, evaluated, and then referred for follow up treatment. The provider documents the patient states the hand does feel better than it did 2 weeks ago, but the patient reports she still has a bit of pain, especially with movement of the finger. The provider documents the patient still has some swelling as well. The provider documents the patient is wearing a splint. The provider documents upon removal of the splint there is some soft tissue swelling over the dorsum and the palmar of the hand in the area of the third metacarpal. The patient is quite tender to palpation at the hand and neck. The provider documents with the patient’s hand at rest the patient has ulnar deviation of the digit when compared to the contralateral side. With attempts at flexion of the finger, the patient has rotational deficit which results in the 3rd digit overlapping the 4th digit. The provider documents x-ray of the left hand performed on 03/11/2013 revealed a nondisplaced fracture at the neck of the third metacarpal. However, it was noted it may be a little more than nondisplaced as it seems to have shifted radially and shortened. There also seemed to be a long splint down the remaining shaft. The provider documented based on the angulation of the digit and the rotational deficits the provider discussed various treatment options, but his recommendation was for closed reduction and percutaneous pinning versus open reduction and percutaneous pinning. The provider documents that if left untreated without reduction the patient would present with deformity to the finger and inability to properly grasp with the left hand.”

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 for Independent Medical Review dated 4/05/2013
- Utilization Review Determination provided by [REDACTED] dated 3/21/2013
- Utilization Review Determination provided by [REDACTED] dated 5/01/2013 (authorizing Left Hand Close Reduction and Percutaneous Pinning versus Open Reduction and Percutaneous Pinning of third metacarpal neck fracture)
- Utilization Review Determination provided by [REDACTED] dated 5/01/2013 (authorizing Eight Post-Operative Physical Therapy visits modified from 12 requested visits)
- Medical Records from 3/11/2013 through 5/25/2013
- Official Disability Guidelines (Current Version) – Hand Section – Surgery for Metacarpal fractures
- Official Disability Guidelines (Current Version) – Hand Section – Physical/Occupational Therapy – Fractures of Metacarpal bone
- California MTUS (2009)– Forearm, Wrist, and Hand section, Fractures of Metacarpal bones, page 21

1) Regarding the request for 12 Post-Operative Physical Therapy visits:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) 2009, Hand Section, Physical/Occupational Therapy, Metacarpal Fractures, which is not a part of the Medical Treatment Utilization Schedule (MTUS). The Provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer used the Post-Surgical Treatment Guidelines Evidenced Reviews (May, 2009), Forearm, Wrist, and Hand section, Fractures of Metacarpal bones, of the California MTUS.

Rationale for the Decision:

The employee reported an injury to her left hand on 02/23/2013. X-rays revealed a non-displaced fracture of the third metacarpal. On 3/14/2013, open reduction and percutaneous pinning was performed on the third metacarpal of the left hand. 12 visits of post-surgery physical therapy were requested.

The Post-Surgical Guidelines of the MTUS, Fracture of Metacarpal Bone (hand), page 21, recommends up to 16 visits of physical/occupational therapy over 10 weeks for fractures of metacarpal bones. The submitted medical records indicate that the criteria for the requested treatment have been met. The requested 12 post-surgical physical therapy visits are 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
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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.