

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: 5/23/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the Electrodes (four), Theraputty, Digiflex, Digextend, and Powerweb requested **are medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/09/2013 disputing the Utilization Review Denial dated 2/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/11/2013. 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 Electrodes (four), Theraputty, Digiflex, Digextend, and Powerweb 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 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 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 February 28, 2013

The Utilization Review, dated 2/28/2013, did not include a clinical summary. Therefore the following clinical summary information was taken from the physician's progress report (PR2) dated 2/14/2013, which is the most recent progress report prior to the Utilization Review.

"This is a 55 year old F who works as a nurse/MA for [REDACTED] for 14 years. She works at the office and in the field. During the course of her work, she has to do repetitive typing/writing; blood draws/collecting specimen, and also rolling/carrying a 30 pound briefcase (containing equipment). As a result, she developed pain at her hands, fingers, and R shoulder. The pain is aggravated with driving long distances on the job. She had driven to [REDACTED] on assignment last week, which increased her pain. Patient states she has been having pain at these areas for more than a month now. Currently, she has dull constant pain at the hands/fingers up to level 10/10, and dull intermittent pain at the R shoulder up to level 5/10. No numbness, tingling, and she denies pain of the wrists. Patient also has been having morning stiffness of her fingers.

Interval History:

Patient says her hands and fingers are improving with treatment. She also noticed the swelling going down. Currently the intermittent at these areas and the R shoulder average 5/10. Occasionally the pain and stiffness can increase up to level 8/10."

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 4/09/2013
- Utilization Review Determination dated 2/28/2013
- Medical Records from [REDACTED] dated 1/28/2013 through 2/14/2013
- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, pages 271-273, Forearm, Wrist, and Hand section
- Official Disability Guidelines, Hand Section, Exercises (2009)

Regarding the Request for Electrodes (four), Theraputty, Digiflex, Digextend, and Powerweb:

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, Hand Section, Exercises (2009), of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision

This 55 year old patient has worked as a nurse/MA [REDACTED] for the past 14 years. She worked both in the office as well as in the field. During the course of her work, she does repetitive typing and writing, blood draws/collecting of specimens, and also rolls/carries a 30 pound briefcase containing equipment. As a result, she developed pain at her hands, fingers, and right shoulder. She has had a course of physical therapy which has provided some improvement and a request was made for four electrodes and hand exercise equipment as part of her physical therapy to reduce pain and swelling and to increase function. The Official Disability Guidelines, Hand Section, Exercises, (2009), support Exercise kits when the parts are specified and the patient has been taught to utilize the equipment, which the provided medical records document for this patient did during therapy. The request for Electrodes (four), Theraputty, Digiflex, Digextend, and Powerweb **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
Oakland, CA 94612

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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.