

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the 12 Physical Therapy visits requested **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/16/2013 disputing the Utilization Review Denial dated 3/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/18/2013. 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 12 Physical Therapy visits requested **are not 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 28, 2013.

██████████ is the 43 year old worker who had been involved in a 01/24/2013 industrial-related incident while washing dishes and complaining of right hand pain. The patient has already completed 12 physical therapy visits. The 02/23/2013 provider's PR-2 finds on examination thenar eminence tenderness, discomfort in the forearm with the condition improving. The 03/22/2013 physical therapy evaluation describes progressing well with strength and movement, less pain with tenderness to palpation noted on examination. EXPLANATION OF FINDINGS: The clinical information provided does not establish the medical necessity of this request. The ACOEM Guidelines would support physical therapy, initial course of physical therapy for this condition but does not give frequency and duration, so the Official Disability Guidelines were referenced and this guideline would recommend 9 visits over 8 weeks and the patient has already had 12 visits. The patient has been afforded additional visits. There was no indication in the submitted documentation of a complication to recovery, comorbidity or extenuation clinical circumstances to support continued physical therapy. Beyond the guidelines and no indication that the patient could not now be independent on a home program after having exceeded the guidelines for a number of visits and medical necessity has not been established for this request."

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 4/16/2013
- Utilization Review Determination provided by [REDACTED] dated 3/28/2013
- Medical Records from [REDACTED] dated 1/22/2013 through 3/22/2013
- Medical Records from [REDACTED] dated 2/26/2013 through 3/25/2013
- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, Wrist and Hand complaints pages 264-265
- Official Disability Guidelines, Hand Section, Physical Therapy

Regarding the request for 12 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, Hand Section, Physical Therapy 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 43 year old employee experienced right hand pain while washing dishes and was treated for an industrial-related incident on 1/24/2013. The medical documents reviewed, from the providers progress report (PR-2) on 2/23/2013, reported finding thenar eminence tenderness and discomfort in the forearm with the condition improving with physical therapy. The employee has already completed 12 physical therapy visits and the 3/22/2013 therapy evaluation describes her condition as progressing well with strength and movement and less pain with tenderness to palpation noted. The clinical information provided does not establish the medical necessity of additional physical therapy visits. The Official Disability Guidelines, Hand Section, Physical Therapy recommends nine visits over eight weeks and, as mentioned above, the employee has already had 12 visits, which is beyond the guidelines recommendations. There was no indication in the submitted documents of a complication to recovery, comorbidity or extenuating circumstances to support continued physical therapy. The requested 12 Physical Therapy visits **are 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;

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.