MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

1) MAXIMUS Federal Services, Inc. has determined the request for 6 physical therapy sessions for elbow, wrist, hand, and knee **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/18/2013 disputing the Utilization Review Denial dated 3/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/27/2013. 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 6 physical therapy sessions for elbow, wrist, hand, and knee **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 Physical Medicine and 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 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.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated March 12, 2013.

The injured worker is a 75 year old female School Crossing Guard. While at work on 02/21/13 she tripped and hurt her hand and wrist. The current report is dated 02/26/13. It indicates left shoulder/elbow/arm, bilateral hands/wrists/knees pain. The exam is illegible. There is a documented Diagnosis of: Contusion of Hands, Bilateral. Contusion of wrist bilateral, Contusion of knee bilateral. Contusion of elbow. Plan: Physical Therapy 3 X 2. Lodine ER 600 mg #15. Flexeril 5 mg #15. Arm Sling. Hot/Cold Pack.

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
- Utilization Review Determination by [redacted] (dated 3/12/13)
- Employee's Medical Records by [redacted] (dated 2/26/13 to 5/8/13)
- Official Disability Guidelines (ODG) – Knee and Leg Chapter, Physical Medicine Treatment section; and ODG – Forearm, Wrist and Hand Chapter, Physical/Occupational Therapy section.

1) **Regarding the request for 6 physical therapy sessions for elbow, wrist, hand, and knee:**

   Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Knee and Leg Chapter, Physical Medicine Treatment section; and ODG – Forearm, Wrist and Hand Chapter, Physical/Occupational Therapy section, which are not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The MTUS does not address the appropriate number of physical therapy visits for the employee's condition. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/21/2013 and experienced bilateral contusions in the hands, wrists, and knees, as well as a left elbow contusion. A request was submitted for 6 physical therapy sessions (3 times a week for 2 weeks).

The Claims Administrator denied this request based upon the fact that the employee's physical examination notes are illegible. The employee's medical records received and reviewed indicate tenderness in right hand and wrist, no restriction of range of motion in hand or wrist, and no atrophy. There is mention of x-rays being ordered but the results were not provided. There is a progress report dated 2/26/13; however, the physical examination notes are illegible.

The x-ray results were not provided and the physical examination notes are illegible. The documentation provided does not support the request. The request for 6 physical therapy sessions for elbow, wrist, hand, and knee 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;

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.

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