

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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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 Physical Therapy for the left hand **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/10/2013 disputing the Utilization Review Denial dated 5/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/18/2013. 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 requested Physical Therapy for the left hand **is 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 & 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 post-surgical report by [REDACTED], MD date 5/10/2013. No other medical records were submitted for review.

“21 days status post Open reduction and percutaneous pinning, P1 fracture, left small finger-Dr. [REDACTED] The patient is doing well. The patient’s post-operative pain is minimal. The patient has been compliant with the treatment plan. There are no signs of infection. The site has minimal swelling. The involved region has minimal tenderness. The involved region is neurovascularly intact. New x-rays were taken today. X-rays reviewed showed good hardware position. Fracture healed and good bone alignment.”

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 5/10/2013
- Utilization Review Determination provided by [REDACTED] dated 5/02/2013
- Medical Records dated 5/10/2013 from [REDACTED] MD

1) Regarding the request for Physical Therapy for the left hand:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental (ACOEM) guidelines, 2004, Chapter Six, Pain, Suffering, and Restoration of Function, page 114, which is a guideline that is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer

found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as post surgical open reduction and percutaneous pinning of the fifth metacarpal A1 fracture. No part of the MTUS is relevant to the employee's condition. The Expert Reviewer used the Official Disability Guidelines (ODG) 2009, Physical/Occupational Therapy Guidelines, Hand Section, which is not part of the MTUS.

Rationale for the Decision:

The employee reported an injury to the left hand on 4/08/2013. The only medical record submitted for review was a single post-operative report by [REDACTED], MD, the primary treating provider. The report, dated 5/10/2013, described the employee as doing well with minimal post-operative pain and swelling, minimal tenderness and healed fracture with good bone alignment and the employee was given instructions to return to the clinic in three weeks for a follow-up exam and x-ray. Physical Therapy for the left hand for an unspecified number of sessions was requested.

MTUS Guidelines do not address post surgical physical therapy for the hand. The Official Disability Guidelines (ODG) 2009, Hand Section recommends up to 16 visits over 10 weeks for post-surgical physical therapy for fractures of metacarpal bones. The requested Physical Therapy for the left hand is 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.