

**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 requested Post-Op Physical Therapy, two (2) times a week for four (4) weeks **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/15/2013 disputing the Utilization Review Denial dated 5/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/6/2013. 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 Post-Op Physical Therapy, two (2) times a week for four (4) weeks **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, 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 May 3, 2013.

“Clinical summary: According to progress report dated 4/26/13 by Dr. [REDACTED], the patient presented as status post surgery of the right wrist, stated doing better with range of motion but continued to have pain, rated as 7-8/10, described as throbbing with some pins and needles in the evening time, worse by not moving it but holding it decreased the pain. Examination showed incision was clean, dry, and intact; swelling ulnarly; plantar flexion was 30 degrees, dorsiflexion was 25 degrees; and some ankylosis of fingers in flexor tendons. The patient was diagnosed with status post light distal radius fracture and right wrist ankylosis. This is a request for additional post-operative physical therapy 2 times per week for 4 weeks, right wrist.”

### **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 by [REDACTED] (dated 5/3/13)
- Appendix C – Postsurgical Treatment Guidelines Evidence-Based Reviews (May, 2009)

Note: Neither the claims administrator nor the provider submitted the requested medical records.

**1) Regarding the request for Post-Op Physical Therapy, two (2) times a week for four (4) weeks:**

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

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines (2009) of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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's date of injury was 2/11/13. According to the progress report dated 4/26/13, the employee was status post surgery of the right wrist, doing better with range of motion, but still had pain. This patient is now five (5) months post operative. Per CA MTUS – Postsurgical Treatment Guidelines Evidence-Based Reviews (May 2009), post surgical physical medicine treatment period is four (4) months with 16 visits over eight (8) weeks. The patient is beyond the eight (8) week post operative period recommended for physical therapy, therefore the requested Post-Op Physical Therapy, two (2) times a week for four (4) weeks 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, 18<sup>th</sup> 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.