

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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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 occupational therapy sessions (2 times a week for 4 weeks) **are medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/20/2013 disputing the Utilization Review Denial dated 5/10/2013. 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 requested occupational therapy sessions (2 times a week for 4 weeks) **are 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 Occupational 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 May 10, 2013.

- “1. For the purpose of this review, the (R) shoulder and (R) hand will be addressed.
2. Diagnosis: (R) shoulder strain/pain. Rotator cuff tear. (R) hand strain/pain.
3. The patient is a 54 year-old male patient s/p injury 3/26/13.
4. Discussion:
 - a) Patient is 6 weeks post date of injury.
 - b) The request is for physical therapy 2 x 4 directed to the (R) hand.
 - c) There is documentation of (R) hand pain. Examination noted tenderness over dorsum. The patient has difficulty making a fist.
 - d) Mechanism of injury is not provided on available documentation.
 - e) California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines support a brief course of physical therapy with specific treatment goals.
 - f) The deficits to be addressed, measurable goals, and a reasonable timetable to reach these goals are not provided.
 - g) Since this is an acute injury, the request is modified to OT x4.
 - h) Objective evidence of improvement towards clear, objectively measurable, functional treatment goals must be achieved/submitted before additional treatment can be considered appropriate for this injured worker.
5. Per the 5/3/13 Occupational Medicine report: [PR-2]
 - a) Change in treatment plan. Request for authorization.
 - b) Subjective: (R) hand pain. Tenderness, muscle strength is reduced. c) Objective: Not stated.
 - d) Diagnosis: (R) shoulder strain/pain. Rotator cuff tear. (R) hand strain/pain.
 - e) Plan: Apply for OT on (R) hand 2x4. Orthopedics.
6. Per the 5/3/13 Occupational Medicine Progress report:
 - a) Nurses notes: (R) shoulder pain level 5. (R) hand pain level 7. Jamar test done: (L) 100/80/90, (R) 30/25/30.
 - b) Subjective: (R) shoulder pain, RCT. Orthopedic consultation is scheduled on 5/15/13. (R) hand pain. Constant difficulty to make a full fist.

- c) Objective: He has been treating by PT for [illegible]. Pain in the dorsum of the (R) hand. Pain is induced on flexion / extension of the fingers. Muscle strength is reduced by Jamar test. d) Disposition / Treatment: Orthopedics 5/15/13, apply for OT 2x4. Therapy: PT 7 visits.
7. Per the 5/3/13 Occupational Therapy referral form:
- a) Diagnosis: (R) hand strain/pain. b) Frequency: 2; Duration 4 weeks.
- c) Occupational therapy; Evaluation and treatment.
8. Per the 4/10/13 Physical therapy initial evaluation report: [Handwritten-difficult to read]
- a) Current symptoms: Pain grade 5-6/10 (R) shoulder.
- b) Objective: Posture rounded on scapula winging (D. Tenderness to palpation at [illegible] (R) shoulder. Tenderness at II MCP joint [illegible]. Shoulder AROM (R)/(L) [in degrees]: flexion 130/165, extension 36/65, abduction 124/160, external rotation 70/78 and internal rotation 35/70. Wrist AROM (R)/(L) [in degrees]: flexion 62/65, extension 50/64, radial deviation 20/20 and ulnar deviation 44/45. Grip (R) 56, (L) 99.
- c) Diagnosis: (R) shoulder strain, (R) hand pain.
- d) Assessment: Pain, decreased range of motion, decreased strength, impaired function, edema/effusion, poor posture and body mechanics. Goals: Decrease pain, increase range of motion and strength, improve function, improve posture and body mechanics.
- e) Plan: Frequency: 2; Duration 4 weeks.
9. MTUS / Relevant guidelines:
- a) ACOEM guidelines emphasize rapid rehabilitation, and do not support ongoing formal physical medicine in the management of injuries to the hand (table 11-7, algorithm 11-4).
- b) ODG guidelines support up to 9 visits of OT in the management of forearm, wrist and hand sprain/strain and similar injuries (http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand)."

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 5/10/13)
- Treatment Authorization Letters by [redacted] (dated 4/1/13, 5/1/13, and 5/16/13)
- Employee's Medical Records by [redacted] (dated 3/26/13 to 7/3/13)
- Employee's Medical Records by [redacted] (dated 4/10/13 to 4/24/13)
- Employee's Medical Records by [redacted] (dated 5/15/13 and 5/17/13)
- Employee's Medical Records by [redacted] (dated 4/25/13)
- Employee's Diagnostic Report by [redacted] (dated 3/26/13)
- Employee's Laboratory Reports by [redacted] (dated 5/17/13)
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 11 (pages 271-273, 277)
- Official Disability Guidelines (ODG) (2009) – Forearm, Wrist, Hand Chapter: Physical/Occupational Therapy section
- Chronic Pain Medical Treatment Guidelines (2009) (pages 98-99)

1) Regarding the request for occupational therapy sessions (2 times a week for 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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 11 (pages 271-273, 277) and Chronic Pain Medical Treatment Guidelines (2009) (pages 98-99), which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the sections of the MTUS used by the Claims Administrator are not appropriate and relevant for the issue at dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) – Shoulder Chapter, Physical Therapy section (updated 6/12/2013), which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 3/26/2013 and experienced a right shoulder strain/sprain, rotator cuff tear, and right hand strain/sprain. A request was made for 8 occupational therapy sessions. The Claims Administrator authorized 4 occupational therapy sessions. The issue at dispute is whether the remaining 4 occupational therapy sessions are medically necessary and appropriate.

The MTUS does not specifically address the topic of occupational therapy for the hand. It also does not address the appropriate amount of therapy for partial rotator cuff tear. The ODG – Shoulder Chapter, Physical Therapy section¹ addresses partial thickness rotator cuff tear and endorses a general course up to 20 sessions of therapy. In this case, there is some evidence of functional improvement resulting from the initial therapy sessions to justify extension of therapy. The employee has demonstrated reduced physical impairment as evinced by well preserved range of motion and fairly well preserved shoulder strength. The employee has returned to some form of work. The functional improvement shown supports the four remaining sessions. The requested occupational therapy sessions (2 times a week for 4 weeks) are medically necessary and appropriate.

¹ The ODG – Shoulder Chapter, Occupational Therapy section directs readers to the Physical Therapy section. The Physical Therapy section includes recommendations for occupational therapy.

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.