

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/24/2013
Date of Injury:	1/31/2013
IMR Application Received:	6/6/2013
MAXIMUS Case Number:	CM13-0000582

- 1) MAXIMUS Federal Services, Inc. has determined the request for occupational therapy/hand therapy two times per week for six weeks to the right hand **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/6/2013 disputing the Utilization Review Denial dated 5/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/22/2013. 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 occupational therapy/hand therapy two times per week for six weeks to the right hand **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.

Expert Reviewer Case Summary:

The patient is a 37-year-old male who reported an injury on 01/31/2013 after he fell off a ladder and landed on his right hand. An official report of an x-ray of the right wrist dated 01/31/2013 reported a minimally displaced and comminuted distal radial fracture with intra-articular extension into the radial carpal joint. An official report of an x-ray of the right wrist dated 02/13/2013 stated healing mildly displaced comminuted intra-articular fracture of the distal radius and radial styloid with a small amount of periosteal new bone formation; soft tissue swelling seen about the wrist. The patient was placed in a cast on the right wrist on 02/17/2013. The cast was removed and the patient was placed in a wrist brace and physical therapy was initiated on 03/12/2013. An unofficial report of an x-ray performed 03/12/2013 reported findings of some interval healing of the distal radius fracture with intra-articular extension; callus formation along the transfer segment has formed and there is less lucency along the vertical segment, no new fractures were present and the remaining osseous structures are stable. The patient had an initial evaluation for occupational therapy on 03/19/2013 that reported the patient complained of 5/10 pain at best and 8/10 pain at worst. The evaluation reported findings of the range of motion for the forearm, right supination/pronation 60/85, right extension/flexion 50/10, composite flex 5, radial/ulnar 5/15, and right thumb abduction radial/palmar 35/35. An official report of an MRI of the right wrist without contrast dated 06/11/2013 reported a healed distal radius intra-articular fracture deformity with a 1.5 mm residual osteochondral cleft and a less than 1 mm articular surface step off; there is no residual bone marrow edema. The clinical note dated 06/28/2013 reported the patient's right distal radial fracture has healed very well, a continued home exercise regimen and strengthening was recommended and the patient was released to full duty. The PR-4 dated 07/20/2013 states the patient has almost complete wrist flexion and extension, no swelling and grip strength of 5/5. The occupational therapy note dated 07/12/2013 reported the patient complains of 0/10 to 2/10 pain with weight bearing. The note reported physical findings of the right wrist extension/flexion 80/60, composite flex 5, radial/ulnar 5/15, and overall upper extremity strength is improving. The note reported the patient was discharged to a home exercise program.

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 of Independent Medical Review
- Utilization Review Determination [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for occupational therapy/hand therapy two times per week for six weeks to the right hand:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Treatment Index, 7th Edition (Web) 2013, Forearm, Wrist, Hand: Physical therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), pages 263-264, which is part of the MTUS, and the Official Disability Guidelines (ODG) (online edition), ODG Physical/Occupational Therapy Guidelines, Preface and the Forearm, Wrist and Hand (Acute and Chronic) Chapter, Physical Therapy, which is not part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines recommend initial and follow-up visits with therapy for education, counseling, and evaluating home exercise. The ODG recommend up to 16 visits over 10 weeks of therapy for this type of injury. The employee has been provided 19 visits of occupational therapy for this injury to date. The request for 12 additional visits exceeds the guideline recommended number of visits. The ODG states that when treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. The clinical information submitted for review fails to provide sufficient evidence of exceptional factors. Furthermore, the records indicate the therapist and treating physician both recommended the employee be discharged from therapy and continue with a home exercise program. **The request for occupational therapy/hand therapy two times per week for six weeks to the right hand 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,

Paul Manchester, MD, MPH
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.