

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	10/26/2006
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010511

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy for bilateral wrists QTY: 8 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 request for physical therapy for bilateral wrists QTY: 8 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 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.

Expert Reviewer Case Summary:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a 59-year-old [REDACTED] personnel office employee who has filed a claim for bilateral wrist and elbow pain reportedly associated with an industrial injury of October 20, 2006.

Thus far, she has been treated with the following: Analgesic medications; at least 60 sessions of physical therapy over the life of the claim; attorney representation; right carpal tunnel release surgery on September 14, 2011; left carpal tunnel release surgery on February 15, 2012; a 12% whole-person impairment rating; and the apparent imposition of a 15-pound permanent work restriction. It does not appear that the applicant's work restrictions have been accommodated by the employer.

In a utilization review report of August 6, 2013, the claims administrator partially certified a 6-session course of physical therapy. The utilization review decision is quite difficult to read, it is incidentally noted. The applicant's attorney subsequently appealed the utilization review partial certification.

An earlier handwritten clinical progress report of July 28, 2013, suggests that the applicant is having a flare-up of chronic bilateral wrist pain and exhibits positive Phalen and carpal compression tests on exam. Additional physical therapy is sought. The applicant's permanent work restrictions are renewed.

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
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy for bilateral wrists QTY: 8:

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), Carpal Tunnel Syndrome (Acute & Chronic), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, pg. 99, which is part of the MTUS.

Rationale for the Decision:

The employee has had prior treatment (over 60 sessions of physical therapy) over the life of the claim, seemingly well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias and/or neuritis of various body parts. There is no evidence of functional improvement following completion of the same so as to justify additional treatment beyond the MTUS-endorsed course. The applicant's ongoing multifocal pain complaints and unchanged work status and work restrictions imply a lack of functional improvement as defined in MTUS 9792.20(f). Therefore, the request is non-certified, on independent medical review. **The request for physical therapy for bilateral wrists QTY: 8 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

/cmol

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.