

**Notice of Independent Medical Review Determination**

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	11/6/2011
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010821

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy for the right elbow is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 the right elbow** 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, has a subspecialty in Neuromuscular 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:**

The issue at hand is the request for 8-12 additional therapy sessions right elbow. Neither the mechanism of injury or treatment history is known for this patient. Per notes from D.C. 7/16/13 Subjective: undefined pain level and weakness neck, lower back, bilateral elbows and wrists.

Patient also has sleep problems, depression, anxiety, irritability and attorney. No re-injury or flare-up is documented. Per notes it was noted that claimant has already had 9 therapy sessions bilateral elbows from 6/18/13 to 7/25/13 with an unknown outcome and/or functional gains as there are no prior comparative exams.

Objective: right Elbow: normal ROM, tenderness, Cozen's test. Diagnosis includes sprain/strain, lateral epicondylitis. Rx: 2-3x 4 weeks P.T.;

### **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 the right elbow:**

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) which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 99, which is part of MTUS, and additionally based his/her decision on the Official Disability Guidelines (ODG) Elbow section under physical therapy, which is not part of MTUS.

Rationale for the Decision:

The employee's injury has had failure to resolve now in over 20 months and that request exceeds the ODG Physical Therapy Guidelines which state that up to 3 visits contingent on objective improvement be documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency, up to 6, are contingent on further objectification of long term resolution of symptoms, plus active self-directed home physical therapy. MTUS Guidelines for Physical Medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Further therapy at this point is not medically appropriate due to the fact that the employee has had nine therapy sessions from 6/18/13-7/25/13 with unknown functional gains or outcomes as there is no documentation of prior comparative exams. Additionally, the request is for "further treatment" and that they are waiting on bilateral upper/lower extremity electromyography/nerve conduction velocity, undefined x-rays and MRI, sleep and psyche studies. **The request for physical therapy for the right elbow 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  
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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.