MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/6/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/24/2013
Date of Injury:	3/19/2007
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011573

1) MAXIMUS Federal Services, Inc. has determined the request for **post-op physical therapy two times a week for six weeks is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **hot ice machine twenty-one day rental is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **post-op physical therapy two times a week for six weeks** is not **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **hot ice machine twenty-one day rental** 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 & 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 underlying date of injury in this case is 03/19/2007. The date of an initial Utilization Review decision is 07/24/2013. The patient's diagnosis is 727.04 radial styloid tenosynovitis.

An initial Utilization Review determination of 07/24/2013 recommended modification of request for 12 physical therapy visits to instead approved two visits in addition to 6 prior physical therapy visits. Also that Utilization Review decision of 07/24/2013 recommended modification of a request for a hot ice machine to 7 days in addition to 7 days which were previously certified. That Utilization Review outlines the patient's musculoskeletal history in detail and notes the patient was diagnosis with lateral epicondylitis and radial styloid tenosynovitis and that certification had been previously recommended for clearance for a spinal pain pump such as a spinal cord stimulator, right lateral epicondylectomy, right de Quervain release, and modified certification of physical therapy 2 times a week for 3 weeks, and cryotherapy unit for a 7-day rental. That initial peer review indicates that the treating physician had been concerned that additional physical therapy treatment would ideally be certified in advance in order to avoid a lapse in therapy later on during request for additional treatment.

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 post-op physical therapy two times a week for six weeks:**

   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 Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), pages 271-273, which is part of the MTUS, and the Post Surgical Treatment Guidelines, page 21, which is part of the MTUS.

   The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, page 21, which is part of the MTUS

   Rationale for the Decision:
   The MTUS Postsurgical Treatment Guidelines, page 21 indicates that physical therapy is recommended for postsurgical treatment of 14 visits over 12 weeks for radial styloid tenosynovitis. These guidelines further recommend that 1/2 of this amount be initially approved and that further certification approved based on functional improvement in physical therapy. The current treatment request for the employee therefore would exceed the postoperative treatment guidelines. The rationale to exceed this guideline appears to be in anticipation of a delay in requesting additional treatment and that rationale is not consistent with the specific postoperative guidelines. **The request for post-op physical therapy two times a week for six weeks is not medically necessary or appropriate.**

2) **Regarding the request for hot ice machine twenty-one day rental:**

   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, which is not part of the MTUS.

   The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), page 48, which is part of the MTUS, and the Official Disability Guidelines, Continuous Cold Therapy, which is not part of the MTUS.

Rationale for the Decision:
The MTUS/ACOEM Guidelines, Chapter 3 indicates that during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and greater exercise. This guideline would not support durable medical equipment for thermal modalities for 21 days. It is noted that the specific terminology “hot ice machine” is not referenced in the California guidelines. There is a reference to continuous cold cryotherapy in the Official Disability Guidelines for some anatomical areas although not specifically for this patient’s surgery. Those guidelines, however, do not recommend a 21-day rental but rather typically recommend a 7-day immediate postoperative rental of such durable medical equipment. Overall the medical records and the guidelines do not provide a rationale for a 21-day rental of the durable medical equipment such as a hot ice machine. **The request for hot ice machine twenty-one day rental is not medically necessary or 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.