

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/30/2013  
Date of Injury: 2/6/2013  
IMR Application Received: 8/15/2013  
MAXIMUS Case Number: CM13-0011661

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 38-year-old female who reported an injury on 02/06/2013, after lifting a bread box, causing a numbness sensation in the right arm. The patient was initially provided medication, medicated cream, and a glove for the right hand. The patient underwent 9 sessions of physical therapy with temporary relief. The patient reported continued pain in the right elbow that increased with reaching, lifting, carrying, pulling, and pushing. Physical findings included medial and lateral elbow tenderness to palpation, and negative Tinel's sign bilaterally, and normal range of motion bilaterally. The patient's diagnoses included right lateral epicondylitis, right medial epicondylitis, right wrist internal derangement, right de Quervain's tenosynovitis, and right carpal tunnel syndrome. The patient's treatment plan included an MRI of the right wrist and shoulder and continuation of medication.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. MRI of the right elbow is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS American College of Occupational and Environmental Medicine (ACEOM), Magnetic Resonance Imaging (MRI), page 47-48, which is part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS American College of Occupational and Environmental Medicine (ACEOM), 2<sup>nd</sup> Edition, (2004), pages 10 and 41-45 and 47-48, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The requested Magnetic Resonance Imaging (MRI), of the right elbow is not medically necessary or appropriate. The employee does have right wrist and elbow pain. The American College of Occupational and Environmental Medicine (ACEOM), states that criteria for ordering imaging studies for the elbow are indicated when an imaging study will substantially change the treatment plan, there is an emergency of a red flag, the employee has agreed to undergo an invasive treatment to a correctable lesion that needs confirmation. The clinical documentation submitted for review does not provide any evidence that there are red flag symptoms, or that the employee has agreed to undergo an invasive treatment. Additionally, there is no indication within the documentation of how an imaging study will substantially change the treatment plan of this employee. **The request for the MRI of the right elbow is not medically necessary and appropriate.**

**2. Physical Therapy 3 times a week for 4 weeks for the right hand and right elbow is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS Physical Medicine Guidelines, pages 98-99, which is part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS American College of Occupational and Environmental Medicine (ACEOM), 2<sup>nd</sup> Edition, (2004), page 10 and 40; Chronic Pain Medical Treatment Guidelines Physical Medicine page 98-99, which is part of the MTUS. In Addition The Official Disability Guidelines (ODG), Elbow Chapter, Physical Medicine, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The request for physical therapy 3 times 4 for the right hand and right elbow is not medically necessary and appropriate. The employee does have continued pain of the wrist and elbow. The American College of Occupational and Environmental Medicine (ACEOM), does recommend the use of physical therapy (PT), in the treatment of medial epicondylitis. However, it does not specifically address the number of treatments that would be appropriate to provide relief for this type of injury. The clinical documentation submitted for review does provide evidence that the patient previously participated in physical therapy. California Medical Treatment Utilization Schedule (MTUS), does recommend that the employee be transitioned into a home exercise program to continue functional gains and maintain benefits that were achieved during a regular course of physical therapy. Official Disability Guidelines (ODG), recommend 8 visits of PT for medial epicondylitis and lateral epicondylitis. As the clinical documentation submitted for review indicates that the employee has already undergone a normal course of PT they should be well-versed in a home exercise program. There are no barriers noted within the documentation to preclude further progress and maintenance of the patient's symptoms while participating in an independent home exercise program. Additionally, there are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. **The request for physical therapy 3 times a week for 4 weeks for the right hand and right elbow is not medically necessary and appropriate.**

/bd

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.

[REDACTED]

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