
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/4/2013
Date of Injury: 4/18/2012
IMR Application Received: 8/19/2013
MAXIMUS Case Number: CM13-0013073

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 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 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]

CLINICAL CASE SUMMARY

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 46-year-old female who reported an injury on 04/18/2012 after tripping and falling, injuring her right foot. The patient was also diagnosed with carpal tunnel syndrome in both hands. The patient was treated with activity modification and physical therapy. The patient developed complex regional pain syndrome and was treated with medications and physical therapy. The patient underwent an EMG that concluded there was evidence of severe carpal tunnel syndrome in the bilateral upper extremities. The most recent clinical note from 01/2013 indicated that the patient had undergone 2 injections that did not provide any relief. Physical findings included right ankle in a boot, noticeable swelling and discoloration of the right foot and ankle. The patient's diagnoses included right lower extremity complex regional pain syndrome and right foot ankle pain with no information provided to support a recent treatment plan.

IMR DECISION(S) AND RATIONALE(S)

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

1. Prospective twelve occupational therapy sessions between 07/22/2013 & 09/15/2013 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The requested 12 occupational therapy sessions between 07/22/2013 and 09/15/2013 are not medically necessary or appropriate. The clinical documentation submitted for review did not

include any documentation between the requested dates. California Medical Treatment Utilization Schedule does state, “Active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort.” However, there was no clinical documentation within the requested dates of 07/22/2013 and 09/15/2013 to support deficits that would benefit from physical medicine or additional occupational therapy. As such, the requested 12 occupational therapy sessions between 07/22/2013 and 09/15/2013 are not medically necessary or appropriate.

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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