

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

8/23/2013

Date of Injury:

10/23/2003

IMR Application Received:

8/28/2013

MAXIMUS Case Number:

CM13-0017932

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional hand therapy is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **a custom fabricated thumb splint is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **additional hand therapy is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **a custom fabricated thumb splint is 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, has a subspecialty in Interventional Spine 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 patient has a date of injury of 10/23/2003. The patient has a diagnosis of carpometacarpal joint arthritis and is status post an arthroplasty procedure in 2010 on her right thumb. An appeal letter dated 8/27/2013 by [REDACTED] M.D. stated that the patient was suffering from a flare-up of her symptoms and progression of her osteoarthritis in the right thumb carpometacarpal joint. It was noted that an injection was given 6 weeks prior that did not help her symptoms. In an effort to avoid revision surgery, a trial of therapy and a custom thumb spica splint was requested.

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:

- [REDACTED]

1) Regarding the request for additional hand therapy :

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 Chronic Pain Medical Treatment Guidelines (7/18/2009).

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

Rationale for the Decision:

The appeal letter dated 8/27/2013 by [REDACTED] stated that the employee was suffering from a flare-up from symptoms and progression of the osteoarthritis in the right thumb carpometacarpal joint. It was noted that an injection was given 6 weeks prior that did not help the symptoms. In an effort to avoid revision surgery, a trial of therapy (6 visits) and a custom thumb spica splint was requested. The progress report dated 5/7/2013 by [REDACTED] noted that the employee had pain with pinch and grasp, as well as some clicking and crepitation with thumb motion. According to the medical records it does not appear that the employee had received any physical therapy (PT) for the right hand in multiple years. The requested short course of PT is consistent with MTUS pages 98-99 which recommends 9-10 PT visits over 8 weeks for myalgia and myositis, unspecified. **The request for additional hand therapy is medically necessary and appropriate.**

2) Regarding the request for a custom fabricated thumb splint :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

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

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Forearm, Wrist, & Hand regarding splints, which are not part of the MTUS.

Rationale for the Decision:

The appeal letter dated 8/27/2013 by [REDACTED] D. stated that the employee was suffering from a flare-up of the symptoms and progression of the osteoarthritis in the right thumb carpometacarpal joint. It was noted that an injection was given 6 weeks prior that did not help the symptoms. In an effort to avoid revision surgery, a trial of therapy (6 visits) and a custom thumb spica splint was requested. The progress report dated 5/7/2013 by [REDACTED] noted that the employee had pain with pinch and grasp, as well as some clicking and crepitation with thumb motion. MTUS/ American College of Occupational and Environmental Medicine (ACOEM) does not address hand splinting for arthritis so ODG guidelines for forearm, wrist and hand regarding splints for arthritis were used which state "a small splint for pain relief during the day combined with a custom-made and rigid splint for prevention of deformities at night may be an optimal regimen." The requested custom fabricated thumb splint appears to be supported by the guidelines noted above. **The request for a custom fabricated thumb splint is 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.