
Notice of Independent Medical Review Determination

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/3/2013

4/20/2012

7/12/2013

CM13-CM13-0001306

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy 2 times per week for 6 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 physical therapy 2 times per week for 6 weeks **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, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated August 3, 2013:

" According to the clinical documentation, the patient is a 37-year-old individual who sustained injury on 4/20/12. The patient claimed an injury to both arms, hands as well as fingers as a result of lifting furniture in the warehouse to take to a customer's car. According to the office visit note dated 6/21/13 by Dr. [REDACTED], the patient was not amenable to surgery and would want to see a second opinion. "Dr. [REDACTED] told the patient that she had severe damage to the nerves and she thought that surgery may not be able to help her." Patient still complained of pain and burning and shooting pains going up from the wrist and stated that sometimes it felt very weak and clumsy when at home while doing ordinary chores. The patient was taking medications and seemed not to be helping. Examination showed no gross deformity of the wrist, however Tinel and Phalen signs were positive. Phalen and Durkan maneuvers elicited severe subjective burning pain that radiated up the arm. Patient had weakness, 3/5 bilaterally. Neurological exam was, otherwise, grossly intact. Peripheral vascular exam was normal. The patient was diagnosed with bilateral moderately severe carpal tunnel syndrome and lateral epicondylitis. The patient was advised not to lift more than 10 pounds, not to push more than 15 pounds and must wear a brace. Electromyographic examination and nerve conduction study dated 3/26/13 interpreted by Dr. [REDACTED], documented that continuation of therapy should only be based on demonstrated objective functional gains. The documentation provided did not indicate significant gains to substantiate continuation of therapy at this time. The request is for the medical necessity of the reconsideration of physical therapy at two times per week for six weeks for the tendon and nerve gliding exercises and iontophoresis and second opinion."

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 for Independent Medical Review (received 7/12/2013)
- Utilization Review from [REDACTED] (dated 7/3/2013)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Physical Medicine, pg 98-99
- ODG, Carpal Tunnel Syndrome, updated 5/7/13, Physical Medicine Treatment

NOTE: Requested medical records were not submitted by the Claims Administrator

1) Regarding the request for additional physical therapy 2 times per week for 6 weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 4/20/2012 to bilateral arms hands, and fingers. Current diagnoses include bilateral carpal tunnel syndrome and lateral epicondylitis. Treatment to date has consisted of diagnostic studies, physical therapy, medication management, and splinting of both wrists. The request is for additional physical therapy 2 times a week for 6 weeks.

The MTUS Chronic Pain Guidelines indicate patients should be on the fading treatment frequency with active home therapy. The documentation provided for review indicates the employee has had prior physical therapy, but did not indicate any improvement. The documentation does not support the request. The request for additional physical therapy for 2 times a week for 6 weeks **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pas

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.