

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	11/22/2010
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003628

- 1) MAXIMUS Federal Services, Inc. has determined the request for a hot and cold wrap of the right wrist and hand **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 a hot and cold wrap of the right wrist and hand **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 Family Medicine 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 is a 40 year old female who works as a bus operator. The patient states that there is constant repetitive motion involved with gripping and turning the steering wheel. The report indicates that there is no specific incident that caused the injury. The patient states that three to four months prior to reporting the injury, there was pain present in her right arm. She also experienced sharp pain to the left shoulder. The patient was unable to present to work and was sent to the hospital. The current complaint includes left shoulder pain of 7/10 on the pain scale and radiation pain down the arm to the elbow. The pain is described as intermittent with numbness, tingling, cramping, tension and spasms in the left shoulder. The patient is able to reach overhead with the upper left extremity but is unable to sleep due to shoulder pain. The right hand pain is 5/10 on the pain scale with radiation up the arm to the elbow, swelling of the right hand with weakness. The patient does exercises at home and applies heat and ice packs, uses a TENS unit and continues to take medications as prescribed.

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 a hot and cold wrap of the right wrist and hand:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the the Official Disability Guidelines, Splints, Cold Packs, which are not part of the MTUS.

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

Rationale for the Decision:

Hot and cold packs are medically necessary when included as part of a short-term physical medicine treatment program. As stated in the MTUS Chronic Pain Medical Treatment Guidelines for Physical Medicine page 98-99, “ Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing (in) soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process.” The employee’s symptoms began on November 22, 2010, and therefore are no longer in the acute phase, but rather are considered chronic in nature. The guideline goes on to state on page 99 “the overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz 2007)” This study adds weight to the recommendation that active rather than passive treatment modalities improves the likelihood of treatment success in the early phases of therapy. There is no medical necessity of continuing hot and cold packs at this time. **The request for a hot and cold wrap of the right wrist and hand is not medically necessary 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

/DSO

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.