

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	8/1/2011
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003802

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for a hand and wrist functional test **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 retrospective request for a hand and wrist functional test **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 July 11, 2013:

The patient sustained injuries to the right hand and wrist. Upon examination 6/13/2013, the patient exhibited right upper extremity pain with tremor. She was status post right elbow medial epicondyle cubital tunnel release, that had not provided much improvement in numbness and tingling. Her pain had significantly improved at the elbow, and a past ulnar nerve NCV to upper extremities was normal. She did present with a visible tremor, when at rest the tremor ceases. There was severe tenderness to the ulnar aspect of the right wrist, hand, forearm up to the elbow, and medial epicondyle. Her grip strength was measured at 4/5, and she had difficulty fully extending the digits. Lastly, there was discoloration to the hand.

Functional capacity evaluations are used to assess current work capability. The examination may establish physical abilities, and facilitate employee and employer relationship for return to work, however, the test comes with limitations. They can be deliberately simplified evaluations and are not apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace, and do not necessarily show physical impairments.

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 7/26/2013)
- Utilization Review Determination (dated 7/11/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the retrospective request for a hand and wrist functional test:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), pages 137-139, which are part of the 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 was injured on 8/1/11 and experiences chronic right arm pain. The employee is status post right cubital tunnel release with persistent symptoms. The medical records indicate that the employee had a recent right ulnar nerve study was negative from this year. The request is for a retrospective hand and wrist functional test.

The ACOEM guidelines state that for functional capacity evaluations that the physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. In this patient's case, ACOEM guidelines do not support routine use of these measures. The medical records provided for review do not indicate that the physician incorporated any of the functional capacity information for guidance of treatments, or mention of returning to work. The physician also did not discuss the rationale for additional monthly assessments required for medical treatment planning and return to work. Finally, the physician does not discuss the employee's job requirements, motivation to return to work or feasibility of returning to work. The request for a retrospective hand and wrist functional test **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

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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.