

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	8/27/2007
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003945

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 hand therapy visits **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 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 request for 12 hand therapy visits **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.

Expert Reviewer Case Summary:

The patient is a 50-year-old female who reported a work-related injury on 08/01/2007. The mechanism of injury was a result of cumulative trauma/repetitive motion to the bilateral upper extremities. However, the patient presents with the following diagnoses: long-term use of medications, carpal tunnel syndrome, lumbar disc displacement without myelopathy, lumbar lumbosacral disc degeneration, and neck sprain. The clinical note dated 04/12/2013 reports the patient was seen for followup under the care of [REDACTED], PA. The provider documented the patient was seen postoperatively of revision of a right carpal tunnel performed on 01/29/2013. The provider documents the patient has 8 more sessions of hand therapy and was motivated to return to work in some capacity. The provider documented the patient was also status post lumbar spinal surgery as of 11/07/2012. The provider documented the patient utilizes Vicodin and glucosamine for her pain complaints. The provider reported upon physical exam of the patient's right wrist tenderness with palpation over the surgical scar was noted. The patient continued to have a positive Tinel's. The provider documents the patient utilizes tizanidine, doxepin, Protonix, nabumetone, Lidoderm patch, Synovacin glucosamine, gabapentin, and hydrocodone APAP 5/500 for her pain complaints. The provider recommended the patient utilize a functional restoration program.

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 12 hand therapy visits :
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 Official Disability Guidelines (ODG), Current Version, Summary Procedures, Forearm, Wrist, and Hand Section, Physical/Occupational Therapy, a medical treatment guideline, not part of the MTUS . The Expert Reviewer found the Post-Surgical Treatment Guidelines, Carpal Tunnel Syndrome, page 15-16, part of the MTUS, relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

MTUS Postsurgical Treatment Guidelines recommend, “three to eight visits over three to five weeks.” The clinical notes evidence the employee has utilized a lengthy course of postoperative therapeutic interventions; however, specific number of sessions attended was not evidenced in the clinical notes reviewed. Furthermore, the clinical notes did not evidence any quantifiable significant objective findings of symptomatology to support continued utilization of supervised therapies. The request for 12 hand therapy visits **are 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.