

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	2/25/2005
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004266

- 1) MAXIMUS Federal Services, Inc. has determined the request for six hand therapy sessions **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 7/25/2013. 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 six hand therapy sessions **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 25, 2013:

“The claimant is a 70-year-old female who sustained a work-related injury on February 25, 2005. There was a followup appointment on July 16, 2013 with Dr. [REDACTED], and the claimant stated she had continued triggering of her left third and fourth digits and her right second and third digits. There has been intermittent use of splinting. Physical examination noted tenderness and tightness of the back, upper extremities, lower back, and tenderness at the base of the left third digit. There were diagnoses of repetitive strain injury and myofascial pain syndrome, carpal tunnel syndrome, plantar fasciitis, and bilateral shoulder strain. The claimant was referred for six sessions of hand therapy due to the increased triggering in her hands. It is unclear why Dr. [REDACTED] wishes to refer the claimant to therapy for triggering in her fingers when no triggering was present on physical examination. As there has been a history of trigger finger prior, at some point following the reported injury in 2005, the claimant has likely been instructed on home exercises to help with her trigger finger. Should the claimant have recurrence of her triggering, she could be encouraged to pursue home exercise, as currently there is no supporting rationale to support formal therapy. Therefore, the request is recommended for non-certification.”

### **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 (dated 7/29/13)
- Utilization Review Determination from [REDACTED] (dated 7/25/2013)
- Employee medical records were not provided any interested party
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for six hand therapy sessions:**

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), 2<sup>nd</sup> Edition, (2004), Forearm, Hand and Wrist complaints, Chapter 11, pages 263-265, 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 2/25/2005 and medical records submitted for review indicate diagnoses of repetitive strain injury, myofascial pain syndrome, carpal tunnel syndrome, plantar fasciitis, and bilateral shoulder strain. Treatment has included splinting. The request is for six hand therapy sessions.

The ACOEM Guidelines do recommend physical therapy, stating if initial treatment response is inadequate regarding non-prescription analgesics, then physical methods may be added. The documentation submitted for review does not include physical exam findings to support the request. There is no documentation of triggering. If the employee did have occurrence(s) of triggering, a home exercise program should have been pursued. The request for 6 hand therapy sessions 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  
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Oakland, CA 94612

/hs

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.