

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	9/15/2012
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004949

- 1) MAXIMUS Federal Services, Inc. has determined the request for **work conditioning, three (3) times four (4), right forearm/ wrist is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 **work conditioning, three (3) times four (4), right forearm/ wrist is 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 Preventive Medicine and Occupational 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 applicant, Ms. [REDACTED], is a [REDACTED] employee who has filed a claim for chronic forearm and wrist pain reportedly associated with a deep industrial laceration injury of September 15, 2012.

Thus far, she has been treated with the following: Analgesic medications; unspecified amounts of occupational therapy; and apparent return to modified work.

The most recent progress report of July 29, 2013 is notable for comments that the applicant has completed occupational therapy. She still has pain and weakness about the forearm muscles. She has been unable to return to her original job as machine operator and is presently on desk work only. Electrodiagnostic testing is apparently notable for evidence of denervation and weakness about several forearm muscles. Recommendation is made for the applicant to pursue work conditioning in order to strengthen the right hand in an attempt to try to return her to original occupation.

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 include:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for work conditioning, three (3) times four (4), right forearm/ wrist:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His Decision:

The Claims Administrator based its decision on the MTUS Work Conditioning (WC), Physical Therapy Guidelines.

The Expert Reviewer based his/her decision on the MTUS, Chronic Pain Medical Treatment Guidelines, pgs 125-127.

Rationale for the Decision:

MTUS Chronic Pain Medical Treatment guidelines, criteria for pursuit of work conditioning include evidence of musculoskeletal deficits that would preclude ability to safely achieve current job demands. In this case, it does appear that the employee does have significant upper extremity deficits, which have resulted in the employee being unable to return to the employee's former occupation as a machine operator. The employee has apparently returned to some form of work with the intent on trying to return to former occupation. The employee does have residual deficits, both clinically and electrodiagnostically confirmed, that are currently preventing return to former occupation. The employee is therefore a good candidate for work conditioning. It is incidentally noted that this does represent work conditioning at a rate, frequency, and overall amount slightly in excess as suggested in the MTUS Chronic Medical Treatment Guidelines. Nevertheless, the employee's significant residual neurologic and functional deficits, coupled with the desire to return to former work, justify a course slightly in excess of that endorsed in the guideline. **The request for work conditioning three (3) times four (4), to right forearm and wrist is 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,

Paul Manchester, MD, MPH
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.