

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: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	4/3/2008
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005140

- 1) MAXIMUS Federal Services, Inc. has determined the request for **hand therapy three times per week for four weeks for bilateral wrists and right elbow is not 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 7/19/2013. 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 **hand therapy three times per week for four weeks for bilateral wrists and righ elbow 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 Orthopedic Surgery 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 62-year-old female who reported an injury on 04/03/2008. The current diagnosis is bilateral carpal tunnel syndrome. The patient was recently seen by Dr. [REDACTED] on 05/29/2013 for complaints of wrist pain and numbness to bilateral hands. Objective findings included marked pain to palpation over the median nerve at the wrist. Current medications included Norco. The treatment plan included a repeat EMG and nerve conduction study.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for hand therapy three times per week for four weeks for bilateral wrists and right elbow:

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 Chronic Pain Medical Treatment Guidelines, which is a part of MTUS as well as ODG, Carpel Tunnel Syndrome, Physical Medicine Treatment, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pp. 98-99, which is a part of MTUS as well as Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Online Edition.

Rationale for the Decision:

CA MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Guidelines allow for a fading of treatment frequency, plus active, self-directed home physical medicine. ODG indicates that medical treatment for carpal tunnel syndrome includes 1 to 3 visits over 3 to 5 weeks. For sprains/strains of the wrist, hand, elbow and forearm, medical treatment includes 9 visits over 8 weeks. As per the clinical notes submitted for review, the employee's physical examination only reveals marked pain to palpation over the median nerve at the wrist. It is unclear which upper extremity the objective findings are referring to. There is also no evidence of a significant neurological or musculoskeletal condition regarding the right elbow that would warrant the need for skilled physical medicine treatment. Additionally, the requested treatment duration exceeds guideline recommendations for sprains/strains of the wrist, hand, elbow and forearm. **The request for hand therapy three times per week for four weeks for bilateral wrists and right elbow 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

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.