

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	11/4/1994
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005589

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one (1) paraffin unit is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **12 physical therapy sessions for both hands is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **one (1) paraffin unit** is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **12 physical therapy sessions for both hands** 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 PM&R, 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:

This patient is a 70-year-old woman. Her underlying date of injury is 11/04/1994. The patient is status post a right long finger flexor tenosynovectomy on 05/08/2012 for the condition of a right long finger trigger finger with tenosynovitis. The patient is also status post left de Quervain's release with excision of a ganglion cyst, status post bilateral carpal tunnel releases, and she has the diagnoses of bilateral thumb carpometacarpal synovitis and right forearm tendinitis.

An initial review concluded that the patient had already completed 15 physical therapy visits and that a request for 12 additional visits should be non-certified since progress notes indicated that therapy was helpful, although the patient also complained of increasing pain at the base of the thumb with diminished grip strength. Additionally, this review noted that the patient had already been recommended to receive thermal modalities in hand therapy, and an additional paraffin unit for long-term home use was not medically necessary. This initial review noted the guidelines reports that paraffin baths combined with exercise can be recommended for short-term benefit to arthritic hands.

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:



1) **Regarding the request for one (1) paraffin unit :**

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) Forearm, Wrist, and Hand (Acute and Chronic) section, which is not a part of MTUS,

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Workers' Compensation, Paraffin Wax Baths, which is not a part of MTUS, and Robinson, V. (2002). Cochran, E., Review: Thermotherapy for Treating Rheumatoid Arthritis, which is not a part of MTUS.

Rationale for the Decision:

The initial review in this case quotes the ODG for Forearm and Hand, which states regarding paraffin wax, *"According to a Cochran Review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hand."* Although that reference appears to suggest that there is only short-term benefit from this treatment, the full text of this review clarifies the context and states, *"The reviewers concluded that thermotherapy can be used as a palliative therapy or as an adjunct therapy combined with exercises."* These guidelines refer to the use of paraffin baths for arthritic hands, which apply in this case as well given the inflammatory component of this employee's condition. Therefore, the treatment guidelines recommend the use of paraffin baths not simply short-term during supervised exercises but rather as a long-term palliative treatment as an adjunct to independent home exercise. For these reasons, the treatment guidelines do support the use of a paraffin unit. **The request for one (1) paraffin unit is not medically necessary and appropriate.**

2) **Regarding the request for 12 physical therapy sessions for both hands :**

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 (May 2009), which is a part of MTUS, as well as Official Disability Guidelines (ODG) Forearm, Wrist, and Hand section which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pg. 99, which is a part of MTUS, and Official Disability Guidelines (ODG) Workers' Compensation, Forearm, Wrist, and Hand/Paraffin Wax Baths, which is not a part of MTUS and

Robinson, V. (2002). Cochran, E., Review: Thermo-therapy for Treating Rheumatoid Arthritis, which is not a part of MTUS

Rationale for the Decision:

The CA MTUS Guidelines on Physical Medicine, states, “*Active therapy requires an internal effort by the individual to complete a specific exercise or task....Allow for fading of treatment frequency, plus active self-directed home Physical Medicine.*” The medical records provided for review indicate that this employee improved in physical therapy. The treatment of paraffin wax and physical therapy are intended as a long-term program of home exercise and palliative thermal therapy. The guidelines do not anticipate arbitrary determinations of the number of visits needed, but rather the number of visits should be based on specific treatment or teaching required. The medical records submitted for review indicate that twelve (12) physical therapy sessions would not be necessary at this point to transition the employee to independent home exercise with palliative use of a paraffin wax unit. The guidelines and records reviewed do not support the necessity of 12 therapy visits to achieve these goals. **The request for 12 physical therapy sessions for both hands 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,

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.