

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2013
Date of Injury: 4/24/2003
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006446

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 3 times a week for 5 weeks to the right elbow** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 **physical therapy 3 times a week for 5 weeks to the right 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 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 56 year old, female with a date of injury 04/24/03. The patient's diagnoses include right shoulder impingement syndrome/rotator cuff tendinitis, possible tear, status post right elbow lateral epicondylectomy, status post right elbow medial epicondylectomy, right elbow cubital tunnel release, right wrist tendonitis, and insomnia. The progress report dated 5/21/13 by Dr. [REDACTED] M.D. noted that the patient complained of pain in the right elbow and forearm with numbness and tingling in the hand, progressively getting worse. A request for right cubital tunnel release surgery with medial epicondylectomy was made. There is an operative report dated 6/8/13 by Dr. [REDACTED], M.D. for right cubital tunnel release surgery with medial epicondylectomy. The progress report dated 6/25/13 noted that a request was made for post-operative Physical Therapy (PT) 3 times a week for 5 weeks for the right elbow.

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 physical therapy 3 times a week for 5 weeks to the 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 MTUS, Definitions, Page 1 (f) "Functional Improvement" and Postsurgical Guidelines, pages 11-12 and 17, which are part of the MTUS .

The Expert Reviewer based his/her decision on the Postsurgical Guidelines, (2) and (3), pages 10-11, which is part of the MTUS .

Rationale for the Decision:

Postsurgical Treatment Guidelines recommends an initial course of therapy for 10 visits and additional visits up to 20 visits over 3 months for postsurgical treatment (cubital tunnel release), with documentation of functional improvement. A review of the submitted medical records does not indicate if the employee has had any postsurgical treatment since the surgery on 6/8/13. Due to lack of information on prior treatments, the request for 15 postsurgical physical therapy treatments exceeds the 10 visits per the guidelines. **The request for physical therapy 3 times a week for 5 weeks 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

/db

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.