

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	2/15/2012
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007872

- 1) MAXIMUS Federal Services, Inc. has determined the request for **post-op physical therapy 3 times per week for 4 weeks for the right upper extremity is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/13/2013. 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 **post-op physical therapy 3 times per week for 4 weeks for the right upper extremity 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, has a subspecialty in Pain Management 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 is a male patient with a date of injury of February 15, 2012. A utilization review determination dated July 16, 2013 recommends non-certification for postoperative physical therapy 12 visits. The current request is for post-op physical therapy three times per week for four weeks for the right upper extremity. A progress report dated September 10, 2013 includes subjective complaints of moderate to severe left shoulder pain, moderate to severe right shoulder pain, moderate achy left elbow pain, mild intermittent aching right elbow pain, intermittent moderate and achy left wrist pain, and intermittent moderate achy right wrist pain. Physical examination identifies "left wrist: there is +3 tenderness to palpation of the dorsal wrist and volar wrist. Right wrist: there is WHSS present at the right wrist status post CTR. There is +3 tenderness to palpation of the dorsal wrist and volar wrist. Diagnoses include left carpal tunnel syndrome and status post right carpal tunnel release. The treatment plan states "awaiting surgery report for review. Surgery performed to left wrist hand August 27, 2013. Request additional acupuncture for right wrist/hand with [REDACTED] health center."

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:
 - X Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for post-op physical therapy 3 times per week for 4 weeks for the right upper extremity:

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, pg. 99, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 15, Carpal Tunnel Syndrome, which is a part of the MTUS.

Rationale for the Decision:

Regarding the request for postoperative physical therapy for the left upper extremity, MTUS guidelines state that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over four weeks after surgery, up to the maximum shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Guidelines go on to recommend 3 to 8 visits over 3 to 5 weeks for the post surgical treatment of carpal tunnel syndrome. A review of the records indicates that the current request is for right upper extremity postoperative physical therapy. It appears that the employee underwent left carpal tunnel release on 8/28/2013. There is no documentation indicating that the employee underwent any recent right upper extremity surgery, for which post-operative physical therapy would be indicated. Additionally, the current request is for 12 postoperative physical therapy sessions. Guidelines clearly recommend a maximum of 3 to 8 postoperative physical therapy sessions following carpal tunnel release. **The request for post-op physical therapy 3 times per week for 4 weeks for the right upper extremity 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

/pr

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.