

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 20, 2013

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	1/14/2013
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008252

Dear Mr./Ms. [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Oklahoma, and Texas. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female who reported an injury on 01/14/2013 to her upper extremities while trying to open a door handle during training. The patient is diagnosed with 727.09 other synovitis and tenosynovitis, 727.06 other tenosynovitis of the hand and wrist, and 719.41 pain in joint shoulder region. The patient is noted to have treated with conservative care including acupuncture, physical therapy, medications, a cortisone injections, and a TENS unit. MRIs of the left upper extremity including the left wrist, left elbow, left hand, and left forearm on 05/01/2013 were reported to be normal. An occupational therapy progress note dated 06/26/2013 noted the patient had completed 6 sessions of physical therapy and noted that the patient had completed 6 months of previous surgery for injury to her right small finger. She is noted to have injured her bilateral forearms and to have completed 3 months of physical therapy. Following that, she concluded work hardening for 6 to 8 visits without any improvement. The patient is reported to complain of right shoulder pain, at worst 2/10, at best 0/10; forearm pain at worst 6/10, at best 1/10, and current 1/10; right thumb at worst 9/10, at best 1/10, current 2/10; with reports of numbness and tingling in the right thumb. On a physical examination, the patient is noted to have had improvement in active range of motion of the right shoulder, no changes in active range of motion of the right elbow, and very slight improvement in active range of motion of the right wrist after 6 sessions. Range of motion of the thumb CMC joint was noted to be decreased along with a range of motion of the MP joint and the IP joint. The patient reported pain in both shoulders at end range, as well as at the right wrist; and reported tightness in the forearm and muscles with motion. A clinical note dated 07/08/2013, signed by Dr. [REDACTED] reported the patient continued to complain of bilateral shoulder, arm, and elbow pain. She reported her pain was 4/10. She was noted at that time to experience shoulder pain, radiating arm pain, arm and hand tingling and numbness with muscle weakness. She was noted to have previously treated with medications, acupuncture, physical therapy, cortisone injections, and TENS unit. The reported the acupuncture made her pain worse, noted physical therapy and cortisone injections were very helpful. The use of a TENS unit was reported to be difficult because her arm were still very sensitive. As of 08/27/2013, the patient is noted to have completed 24 sessions of physical therapy.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. 12 physical therapy visits for the bilateral shoulders, elbows, and wrists is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Shoulder Complaints, Chapter 9, Elbow Disorders, Chapter 10, Forearm, Wrist, and Hand Complaints, Chapter 11, which are all part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Shoulder Complaints, Chapter 9, Elbow Disorders, Chapter 10, Forearm, Wrist, and Hand Complaints, Chapter 11, and the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pgs. 98-99, which are all part of the MTUS.

The Physician Reviewer's decision rationale:

The patient reported an injury to her bilateral upper extremities on 01/14/2013, when she was reported to be training and attempting to open a heavy door. She is noted to have treated conservatively in the past with physical therapy, acupuncture, medications, cortisone injections, and a TENS unit. The patient reported the physical therapy and cortisone injections had been very helpful in the past. She is noted as of 06/26/2013 to have attended 6 sessions of occupational therapy and at that time, the patient is noted to have minimal improvement with range of motion or strength. California MTUS Guidelines recommend instruction in a home exercise program for initial treatment and recommend up to 10 visits over 8 weeks for treatment of myalgia or myositis and 8 to 10 visits over 4 weeks for treatment of neuralgia, neuritis, or radiculitis. The patient is noted to have been diagnosed with tenosynovitis of the shoulder, elbow, forearm, wrist, and hand, and has completed extensive physical therapy in the past. The request for an additional 12 sessions of physical therapy between 07/26/2013 and 09/19/2013 does not meet guideline recommendations, as the patient is noted to have minimal improvement with previous physical therapy in regards to objective functional findings. **The request for 12 physical therapy visits for the bilateral shoulders, elbows, and wrists is not medically necessary and appropriate.**

/ldh

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.

[REDACTED]

CM13-0008252