

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	10/15/2010
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008812

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 3 times a week for 4 weeks, bilateral elbows is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. 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 4 weeks, bilateral elbows 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 Preventive Medicine and Occupational Medicine, 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 applicant is a represented [REDACTED] who has filed a claim for bilateral hand, wrist, elbow, and upper extremity pain reportedly associated with cumulative trauma at work first claimed on October 15, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical applications of heat and cold; ergonomic workstation assessment; electrodiagnostic testing of April 29, 2011, notable for mild bilateral carpal tunnel syndrome and mild bilateral ulnar neuropathy; subsequent normal electrodiagnostic testing of October 11, 2012; transfer of care to and from various providers in various specialties; attorney representation; an elbow steroid injection; extensive periods of time off of work; and unspecified amounts of physical therapy over the life of the claim.

In a utilization review report of July 29, 2013, the claims administrator partially certified a course of eight sessions of treatment for the bilateral elbows.

In a clinical progress note of July 2, 2013, the applicant does present with bilateral shoulders, elbow, hand, and wrist pain. The applicant states that she is having ongoing issues with paresthesias about the hands and digits. The applicant is asked to pursue additional therapy and is placed off of work, on total temporary disability.

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 physical therapy 3 times a week for 4 weeks, bilateral elbows:

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 part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines (ODG-TWC), which is not part of the MTUS.

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, pages 8, 98-99, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines recommend a general course of 9 to 10 sessions of treatment for neuralgia and/or neuritis of various body parts and further endorse the importance of hand therapy, active modalities, and self-directed home physical medicine. The guidelines also recommend tying the extension of treatment to clear demonstration of functional improvement. The medical records provided for review indicate that the employee has had physical therapy; however, there is no evidence of a prior favorable response to the treatment or evidence of functional improvement. The employee has failed to return to work and failed to demonstrate any improvement in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. **The request for physical therapy 3 times a week for 4 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: 

/pas

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.