

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	12/10/2012
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0009226

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 2 times per week for 6 weeks left elbow is 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 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 2 times per week for 6 weeks left elbow is 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:**

Per documentation on 12/10/12 the patient was pulling and felt a sudden pop on the lateral aspect of the elbow. Per surgeon patient had failed all non-operative treatment that included rest, ice, anti-inflammatories, prolonged period of splinting, therapy, activity modification and 2 cortisone Injections, number of treatments not documented. The patient was diagnosed with lateral epicondylitis and radial tunnel syndrome. For left lateral epicondyle debridement and left radial tunnel release. The issue presented here is whether or not post operative PT (physical therapy) for 2 times per week for 6 weeks is appropriate.

### **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 2 times per week for 6 weeks left 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 Postsurgical Treatment Guidelines, page 17-18, which is part of MTUS.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, pages 17 - 18, which is part of the MTUS, as well as the Official Disability Guidelines, Preface, which is not part of the MTUS.

Rationale for the Decision:

CA MTUS 2009, 9792,24,3 Postsurgical Treatment Guidelines Page 17 lateral epicondylitis/fennis elbow (ICDS 726,32): Postsurgical treatment: 12 visits over 12 weeks, Postsurgical physical medicine treatment period: 6 months, CA MTUS Chronic pain, CA MTUS ACOEM and ODG does not specifically address the request for physical therapy 2x1week for 6 weeks for left radial tunnel release, alternate guideline cited, CA MTUS 2009: 9792,24,3 Postsurgical Treatment Guidelines Page 18 Ulnar nerve entrapment/Cubital tunnel syndrome (ICDS354,2): Postsurgical treatment: 20 visits over 10 weeks Postsurgical physical medicine treatment period: 6 months. Determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for Physical therapy 2 times a week for 6 weeks for the left elbow is modified to 2 times a week for 3 weeks.

**The request for physical therapy 2 times per week for 3 weeks, left elbow is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.