

MAXIMUS FEDERAL SERVICES, INC.

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



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested 30-day trial of H-Wave **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/8/2013 disputing the Utilization Review Denial dated 4/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/18/2013. 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 requested 30-day trial of H-Wave 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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 25, 2013.

“PT progress report dated 03/20/13 reveals that the claimant reports significant improvement of right shoulder symptoms in particular since last appointment. The claimant continues to note intermittent mild aching pain/soreness to the right volar hand wrist and forearm. The claimant notes much improvement in the right shoulder with recent cortisone injection. The claimant has been working modified duty and notes no significant difficulty with the physical demands of the modified job. The claimant does not feel capable of transitioning back to 8 hour shifts at this tie. The provider recommends continuation of treatment.

“Report dated 03/28/13 indicates that the claimant moved into an office 4 weeks ago and has not had an ergonomic evaluation of new work station. The claimant has had increased volume of work over the past few weeks resulting in gradual worsening of deep burning pain to the right shoulder which is attributed to repetitive use at work. The claimant also reports overall improvement of symptoms which is described as mild soreness to the right wrist and forearm. The claimant states that the pain is now only occasional mild aching soreness with physical demands of current modified job. All exam findings are within normal limits. The provider recommends physical therapy and medications. The claimant is advised to return to modified work.

“Report dated 04/15/13 indicates that the claimant complains of pain and exhibits impaired range of motion and activities of daily living. The provider recommends physical therapy. TENS unit and injections.”

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 for Independent Medical Review (received 5/10/13)

- Utilization Review Determination from [REDACTED] (dated 4/25/13)
- Employee medical records from [REDACTED] MD (dated 1/31/13-6/19/13)
- Letter of Medical Necessity from [REDACTED] MD (dated 6/6/13)
- Employee medical records from [REDACTED] (dated 2/20/13-3/13/13)
- Employee medical records from [REDACTED] DO (dated 3/7/13)
- Letter from employee (dated 6/25/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments

1) Regarding the request for 30-day trial of H-Wave :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 117-118, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right neck and right shoulder on 1/7/13. Medical records provided and reviewed indicate conservative care treatment has consisted of medication, physical/occupational therapy, H-Wave, and a cortisone injection. The employee is now more than six (6) months post-injury and has not improved as would be expected, thus the criteria for chronic pain has been met.

MTUS guidelines support the use of H-Wave only if a trial of conservative care including analgesics, physical therapy, and transcutaneous electrical nerve stimulation (TENS) unit has failed. The medical record of 6/19/13 indicates medication, cortisone injection, and/or therapy, including H-Wave, have improved symptoms. There is no evidence that the TENS unit has been tried and failed. There is no clear indication as to how much H-wave alone has improved symptoms. The criteria for 30-day trial of H-Wave have not been met. The 30-day trial of H-Wave **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

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.