
Notice of Independent Medical Review Determination

Dated: 10/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/17/2013

8/1/2012

7/24/2013

CM13-0002815

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical medicine and rehabilitation consultation **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for acupuncture 6 sessions **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 6 sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 medicine and rehabilitation consultation **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for acupuncture 6 sessions **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 6 sessions **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 Physical Medicine and Rehabilitation and has a subspecialty in Acupuncture 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: No clinical summary was provided on the Utilization Review Determination dated July 17, 2013:

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 7/24/13)
- Utilization Review Determination (dated 7/17/13)
- Physician initial and progress report from [REDACTED], MD (dated 5/28/13-7/23/13)
- Medical Records from [REDACTED] (dated 8/29/12-7/15/13)
- Official Disability Guidelines (ODG) (2009), Carpal Tunnel Syndrome and Hand/Wrist
- Official Disability Guidelines (ODG) (2009), Physical Therapy Guidelines, Carpal Tunnel
- Post-Surgical Treatment Guidelines (2009), (endoscopic) and (open): 3-8 visits over 3-5 weeks

1) Regarding the request for a physical medicine and rehabilitation consultation:

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

The Claims Administrator did not cite any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), page 127 which is a medical treatment guideline that is not part of the Medical Treatment Utilization Schedule (MTUS) and relevant and appropriate for the employee's circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on August 1, 2012 to the right thumb and wrist. The medical records provided for review indicate the diagnoses of de Quervain's syndrome and carpal tunnel syndrome. Treatments have included diagnostic imaging studies, physical therapy, elbow and wrist support, ice and heat therapy, and medication management. The request is for a physical medicine and rehabilitation consultation.

The ACOEM Guidelines state that if a physician is not comfortable with the diagnosis then seeking additional expertise is appropriate. The medical records provided for review indicate that there is positive Adson's and Roo's for thoracic outlet syndrome, and the requesting physician, who is a plastic surgeon, is not comfortable dealing with thoracic outlet, brachial plexus, or cervical radicular symptoms. Guideline criteria for a specialist referral have been met. The request for a physical medicine and rehabilitation consultation **is medically necessary and appropriate.**

2) Regarding the request for acupuncture 6 sessions:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Carpal Tunnel Syndrome and Hand/Wrist, medical treatment guidelines which are not part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on August 1, 2012 to the right thumb and wrist. The medical records provided for review indicate the diagnoses of de Quervain's syndrome, and carpal tunnel syndrome. Treatments have included diagnostic imaging studies, physical therapy, elbow and wrist support, Ice and Heat therapy, and medication management. The request is for acupuncture, six (6) sessions.

The MTUS Acupuncture guidelines state, "Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion,

decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.” In this case, the treating physician has requested a trial of acupuncture for finger, wrist, elbow and neck pain which meets guideline criteria. The request for acupuncture, six (6) sessions **is medically necessary and appropriate.**

3) Regarding the request for physical therapy 6 sessions:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Physical Therapy Guidelines, Carpal Tunnel, a medical treatment guideline which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 98-9 of 127 which are part of the MTUS and relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on August 1, 2012 to the right thumb and wrist. The medical records provided for review indicate the diagnoses of de Quervain’s syndrome, and carpal tunnel syndrome. Treatments have included diagnostic imaging studies, physical therapy, elbow and wrist support, Ice and Heat therapy, and medication management. The request is for physical therapy, six (6) sessions.

The MTUS Chronic Pain Medical Treatment Guidelines recommend 8-10 sessions of physical therapy for neuralgia, or radiculitis. The records provided for review indicate employee has had six (6) sessions of physical therapy, and there is no documentation of functional improvement to meet criteria for physical therapy in excess of the guidelines. The request for physical therapy, six (6) sessions **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

/hs

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.