MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/10/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/2/2013
Date of Injury:	2/20/2009
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002930

1) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 2 times a week for 6 weeks **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for acupuncture 1 time a week for 6 weeks **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for an EMG of bilateral upper extremities **is 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 7/2/2013. 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 Omeprazole 20mg **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 2 times a week for 6 weeks **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for acupuncture 1 time a week for 6 weeks **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for an EMG of bilateral upper extremities **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013:

According to the medical records, the patient sustained an industrial injury on February 20, 2009.

A Panel QME supplemental report by Dr. [redacted] dated April 13, 2011, was submitted for review. As per the report, the patient underwent previous electrodiagnostic studies on September 9, 2009, demonstrating moderate left carpal tunnel syndrome and mild right carpal tunnel syndrome. The QME opined that there was not a separate direct trauma of the left hand. Previous opinions do not change.

According to a medical report by Dr. [redacted], dated May 29, 2013, the patient complains of neck pain, left shoulder pain, left wrist and hand pain. Upon examination, there is a negative cervical foraminal compression test. Cervical range of motion is normal. There is tenderness over the cervical paraspinals and trapezius. There is tenderness over the right acromioclavicular joint. There is tenderness over the left acromioclavicular joint. Relocation test is positive for decreased pain. Tinel's is negative at the wrists. Thenar strength is 4/5 bilaterally. Sensation is decreased in the entire left arm. Grip strength on the right is 22/12/16 and on the left is 8/16/14. X-rays were taken of the cervical spine, left shoulder, left hand and left wrist. The patient was diagnosed with cervicothoracic strain/arthrosis with neuroforaminal stenosis, left shoulder intrinsic pathology and status post left carpal tunnel release. The patient is currently working full duty. The patient was recommended physical therapy for the cervical spine and 6 sessions of acupuncture.

The medical report dated May 29, 2013 does not establish significant objective functional deficits on physical examination as it pertains to the cervical spine. The patient has normal range of motion of the cervical spine. In the absence of objective functional deficits, a course of physical therapy would not be recommended. It is not felt that physical therapy would significantly alter or change the course of the patient's condition. The medical report dated May 29, 2013 does not establish does not establish objective findings impacting the patient's functionality sufficient to require supervised therapy. Therefore, recommendation is for NON-CERTIFICATION of the request for 12 sessions of physical therapy with transition to HEP (no therapy to C-spine to date).

The medical report dated May 29, 2013 does not establish the medical necessity and the clinical rationale for acupuncture to the cervical

Omeprazole is a proton pump inhibitor used for treating acid-induced inflammation and ulcers of the stomach and duodenum, gastroesophageal reflux disease (GERD) and Zollinger-Ellison Syndrome. The medical records do not establish any of these conditions. Additionally, the patient taking an NSAID alone would not support the use of an adjunctive proton pump inhibitor. Consequently, the requested omeprazole is not medically indicated and supported by the medical records provided. Therefore, recommendation is for NON-CERTIFICATION of the request for omeprazole 20 mg.
spine. As noted above, the medical report dated May 29, 2013 does not establish significant objective functional deficits on physical examination as it pertains to the cervical spine. Therefore, recommendation is for NON-CERTIFICATION of the request for 6 sessions of acupuncture.

The patient has previously undergone electrodiagnostic studies. The medical report dated May 29, 2013 does not establish progressive neurological deficits as to support a repeat study. Additionally, the patient has left-sided symptoms and thus bilateral electrodiagnostic studies would not be indicated. Furthermore, the medical report dated May 29, 2013 does not establish clinical findings that correlate with a possible radiculopathy versus peripheral neuropathy as to support the request for electrodiagnostic studies. Therefore, recommendation is for NON-CERTIFICATION of the request for bilateral EMG/NCS of the upper extremities.

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 from [redacted] (dated 7/2/13)
- Medical Treatment Utilization Schedule (MTUS)

NOTE: Medical records were received in this case; however, the records received were all from 2009 and not eligible for review.

1) **Regarding the request for Omeprazole 20mg:**

<u>Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision</u>:
The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 68-69, which are part of the MTUS.

<u>Rationale for the Decision:</u>
The employee was injured on 2/20/2009 and presents with pain in the neck, left shoulder, left wrist and hand. The employee has a history of bilateral carpal tunnel syndrome and has had left carpal tunnel release. The records also note

4/5 thenar strength bilaterally and left grip is about 50% of the right grip. A request was submitted for Omeprazole 20mg.

The MTUS Chronic Pain Guidelines support use of proton pump inhibitors for patients on non-steroidal anti-inflammatory drugs (NSAIDs) alone if they are in high dose, or if they cause dyspepsia. The records submitted and reviewed do not discuss dyspepsia or gastrointestinal risk factors. Given the lack of documentation that this employee has gastrointestinal issues requiring use of proton pump inhibitor the requested medication is not consistent with the guideline recommendations. The request for Omeprazole 20mg **is not medically necessary and appropriate.**

2) **Regarding the request for physical therapy 2 times a week for 6 weeks:**

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, (2009), Physical Medicine section, which is part of the California 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 was injured on 2/20/2009 and presents with pain in the neck, left shoulder, left wrist and hand. The employee has a history of bilateral carpal tunnel syndrome and has had left carpal tunnel release. The records also note 4/5 thenar strength bilaterally and left grip is about 50% of the right grip. A request was submitted for physical therapy 2 times a week for 6 weeks.

The MTUS Chronic Pain Medical Treatment Guidelines indicate physical therapy can be used for controlling symptoms such as pain. In addition, physical therapy can be used for neuralgia or radiculitis as the employee's provider indicated. However, MTUS recommends 8-10 sessions for neuralgia and the request for 12 sessions exceeds MTUS recommendations. The request for physical therapy 2 times a week for 6 weeks **is not medically necessary and appropriate.**

3) **Regarding the request for acupuncture 1 time a week for 6 weeks:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, (2009), which is part of the California 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 was injured on 2/20/2009 and presents with pain in the neck, left shoulder, left wrist and hand. The employee has a history of bilateral carpal tunnel syndrome and has had left carpal tunnel release. The records also note 4/5 thenar strength bilaterally and left grip is about 50% of the right grip. A request was submitted for acupuncture 1 time a week for 6 weeks.

The MTUS Acupuncture Medical Treatment Guidelines indicate 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. The records submitted and reviewed document the employee has pain in the neck and arm. The guidelines recommend a trial of 3-6 sessions to determine if functional improvement is possible. The request for 6 acupuncture visits is in accordance with the MTUS Acupuncture guidelines. The request for acupuncture 1 time a week for 6 weeks **is medically necessary and appropriate.**

4) Regarding the request for an EMG of bilateral upper extremities:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pages 177-178 and 261, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Electrodiagnostic studies, Electromyography, and Nerve Conduction Studies sections. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on ACOEM Chapters 8 and 11, which are part of the MTUS.

Rationale for the Decision:
The employee was injured on 2/20/2009 and presents with pain in the neck, left shoulder, left wrist and hand. The employee has a history of bilateral carpal tunnel syndrome and has had left carpal tunnel release. The records also note 4/5 thenar strength bilaterally and left grip is about 50% of the right grip. A request was submitted for an EMG of bilateral upper extremities.

The ACOEM Guidelines indicate electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The employee has a history of bilateral carpal tunnel syndrome, and has had left carpal tunnel release. The last EMG/NCV was reported to be back on 9/9/2009 showing bilateral carpal tunnel syndrome. Currently, the employee has neck pain, going to the left shoulder, down to the wrist and hand with decreased sensation in the entire left arm. Given these findings, there is sufficient neurological findings, sensory and motor, to support both the EMG and NCV of the employee's bilateral upper extremities. The request for an EMG of bilateral upper extremities **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;

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

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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.