

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

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	2/10/2012
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004826

- 1) MAXIMUS Federal Services, Inc. has determined the request for x-rays of the right wrist and elbow **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for acupuncture for the right elbow one (1) time per week for five (5) weeks **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for physical therapy for the right wrist and elbow one (1) time a week for five (5) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 x-rays of the right wrist and elbow **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for acupuncture for the right elbow one (1) time a week for five (5) weeks **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for physical therapy for the right wrist and elbow one (1) time a week for five (5) weeks **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 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 patient is a 61-year-old female who reported an injury on 02/10/2012. The patient is noted to have undergone electrodiagnostic study and to have right carpal tunnel syndrome and underwent a right carpal tunnel release on 10/12/2012. On 07/03/2013, the patient's then treating physician noted the patient reported persistent intermittent slight to occasionally moderate pain in her right elbow localized laterally with heavy lifting, pushing, pulling, and carrying. She also reported intermittent slight pain in her right hand with residual numbness and associated weakness, but denied any nocturnal paresthesia. She reported no improvement for the past 2 to 3 months. The patient was reported at that time to be at maximum medical improvement and considered permanent and stationary and was given a 14% whole person impairment rating due to tenderness over the lateral epicondylar area with positive stress test and a 25% loss of sensibility on the median nerve with positive NCV studies consistent with moderate carpal tunnel and diabetic polyneuropathy. Future medical treatment was recommended for flare-ups including anti-inflammatory medication, short courses of physical therapy treatment, and repeat cortisone injections to either the carpal tunnel or lateral elbow epicondylitis. With regard to her right elbow, she noted to be probably requiring future surgery for chronic lateral epicondylitis. The patient is reported to continue to treat with Dr. [REDACTED] and was reported to complain of pain in the right elbow and wrist which she rated 5/10 to 9/10 depending on activities and reported she was not improving. On physical exam, the patient is noted to have tenderness over the lateral epicondyle, a

well-healed carpal tunnel release scar at the right wrist with a positive Tinel's and Phalen's test over the carpal tunnel region. The patient was given a right elbow strap support and a right wrist brace at the time. X-ray of the right wrist performed on 04/23/2013 read by Dr. [REDACTED] reported findings of diabetic arteriosclerosis and non-specific small calcific nodule and no other abnormalities. X-rays of the right elbow performed on 04/23/2013 noted findings of diabetic arteriosclerosis with no other abnormalities noted. The clinical note dated 07/02/2013 reported the patient's pain in her right elbow and right hand, specifically at the wrist, was 5/10 and at the elbow was 10/10 which was pretty constant. She is reported to have had a little bit of acupuncture with no relief at all and a few visits of therapy helped a bit, but she maxed out on her therapy. She is noted to have tenderness over the lateral aspect of the right elbow, a positive Cozen's test on the right, 4/5 strength in supination and pronation with pain at the right elbow, right wrist range of motion was palmar flexion to 140 degrees and dorsiflexion to 40 degrees, there was a hard nodule at the posterior aspect of the right wrist with severe tenderness at the carpal tunnel site, weakness on grip strength, and decreased sensation in the median nerve on the right.

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 [REDACTED]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for x-rays of the right wrist and 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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Forearm, Wrist, and Hand Complaints Chapter, Chapter 11, pg. 268, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Forearm, Wrist and Hand Complaints, Chapter 11, Special Studies and Diagnostic and Treatment Considerations, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee reported an injury on 02/10/2012, and is noted to have undergone conservative treatment and undergone electrodiagnostic testing which noted findings of right carpal tunnel syndrome, and release of the right carpal tunnel on 10/12/2012 followed by postoperative physical therapy with reported lack of improvement. The employee is noted to continue to complain of ongoing pain to the right wrist and elbow with pain rated 5/10 to 9/10 depending on activity, and tenderness over the lateral epicondyle, and positive Tinel's and Phalen's signs

over the carpal tunnel region with tenderness to palpation at the carpal tunnel release. The employee is noted to have x-rays of the right wrist and elbow on 04/23/2013 which were reported to note some non-specific small calcific nodules at the right wrist and no other abnormalities and no abnormalities at the right elbow. California MTUS Guidelines report special studies are not needed until at least a 4 to 6 week period of conservative care and observation. As the employee is noted to have undergone x-rays in 04/2013 that reported no abnormalities other than some small calcific nodules at the right wrist and there is no documentation of significant changes on physical examination or in the employee's symptomatic complaints, the need for a repeat x-ray of the right wrist and elbow is not established. **The request for x-rays of the right wrist and elbow is not medically necessary and appropriate.**

2) Regarding the request for acupuncture for the right elbow one (1) time a week for five (5) weeks:

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 Acupuncture Medical Treatment Guidelines, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, pgs. 8-9, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee reported an injury to her right wrist and elbow on 02/10/2012, and is noted to have undergone conservative treatment and been diagnosed by electrodiagnostic studies to have right wrist carpal tunnel syndrome. The employee underwent a carpal tunnel release of the right wrist on 10/12/2012 and was treated postoperatively with physical therapy. On 07/23/2013 the employee had a few sessions of acupuncture without relief. Acupuncture Medical Treatment Guidelines state acupuncture treatments may be extended if functional improvement is documented as defined by section 9792.20(F) which notes that functional improvement means either a clinically significant improvement in activities of daily living, reduction of work, and a reduction in dependency on continued medical treatment. As the employee is not noted to have any improvement with previous acupuncture, the request for additional acupuncture does not meet guideline recommendations. **The request for acupuncture for the right elbow one (1) time a week for five (5) weeks is not medically necessary and appropriate.**

3) Regarding the request for physical therapy for the right wrist and elbow one (1) time a week for five (5) weeks:

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, Physical Medicine, pgs. 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, Pgs. 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee reported an injury to the right wrist and elbow on 02/10/2012, and is noted to have been initially diagnosed with carpal tunnel syndrome of the right wrist and undergone a right carpal tunnel release. The employee was treated with conservative treatment both preoperatively and postoperatively and continues to complain of ongoing pain to the right elbow and wrist. On physical exam, the employee is noted to have tenderness over the lateral epicondyle, a positive Phalen's and Tinel's sign, and tenderness at the carpal tunnel and over the median nerve distribution to palpation. Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercises or activity are beneficial in restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines recommend patients be instructed and be expected to perform home exercise programs as an extension of treatment process in order to maintain improvement levels and recommend 9 to 10 visits over 8 weeks for exacerbation of myalgia or myositis and 8 to 10 visits over 4 weeks for exacerbation of neuralgia, neuritis, or radiculitis. The employee is noted to have undergone previous physical therapy, with no documentation of functional improvement, ability to perform ADLs and no documentation of the employee's range of motion or strength testing before and after the previous physical therapy indicating improvement. In addition, the employee is not documented to be performing a home exercise program as recommended by guidelines. As such, the request for additional 5 sessions of physical therapy to the right wrist and elbow does not meet guideline recommendations. **The request for physical therapy for the right wrist and elbow one (1) time a week for five (5) 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: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

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.