

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	10/2/2002
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005237

- 1) MAXIMUS Federal Services, Inc. has determined the request for **trigger point injections #8 to the thoracic and cervical spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **deep tissue massage to the thoracic and cervical spine is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **wheelchair ramp for patients home is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **home health care 5 hours a day 5 days a week is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **wheelchair Lift is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **trigger point injections #8 to the thoracic and cervical spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **deep tissue massage to the thoracic and cervical spine is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **wheelchair ramp for patients home is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **home health care 5 hours a day 5 days a week is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **wheelchair Lift 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.

Expert Reviewer Case Summary:

The patient is a 42-year-old female who reported an injury on 10/14/2002 for the development of increasing thoracic, neck, and upper arm pain due to cumulative trauma resulting from years of performing daily keyboarding, answering phones, mouse work, and clerical-type desk work. The patient is noted to have treated extensively with chiropractic physical therapy and passive modalities. On 06/20/2013, a clinical note signed by Dr. [REDACTED], reported the patient had previous trigger point injections with Dr. [REDACTED] which were very helpful. She is noted to treat with chiropractic therapy going once a week, which she found very beneficial. She reported the therapy kept her functional and active and helped her continue to work. She reported that physical therapy and acupuncture also helped, but only if done in conjunction with chiropractic treatment. They did not work alone. She is reported to have undergone epidural steroid injections in the remote past, but stated she did not remember it helping. At that time, she complained of ongoing thoracic pain, radiating across and around her chest to the sternum on the bilateral sides, left greater than right; and ongoing cervical pain that radiated down both her upper extremities. She reported she had pain 7 days a week and difficulty sleeping. She noted her neck and thoracic pain was rated about 6/10 to

7/10 and was exacerbated by working, typing, keyboarding, using the mouse, prolonged sitting, prolonged standing, and prolonged walking. Relating factors included taking her pain medications, light stretching, and changing positions frequently. She was noted to be taking Percocet 4 a day, Cymbalta, Wellbutrin, Lamictal, Neurontin, Lidoderm ointment, Zofran, Celebrex, and Abilify during that timeframe. She is noted to have a medical history of thrombocytopenia-absent radius syndrome to the bilateral arms at birth. She has also had a history of hypertension and Hepatitis C. She is noted to have multiple surgeries to her legs as a child to help with deformities, but none as an adult. On physical exam, she was noted to be able to flex about 5 degrees at the cervical spine, extend to 5, and right and left rotation to 5 degrees before complaining of pain. She had tenderness throughout the paraspinal musculature with positive Spurling's and root tension test. She also had tenderness throughout the thoracic paraspinal muscles. Deep tendon reflexes were unable to be evaluated in the upper extremity due to birth defect deformity, but they were 3/3 in the lower extremity muscles. Testing was 3/5 in the upper extremities, 4/5 in the lower extremities. Sensation was intact to 2-point discrimination throughout. She was unable to stand on her heels or toes or tandem walk due to both body habitus and pain.

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 trigger point injections #8 to the thoracic and cervical spine:

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, Section Trigger Point Injections, pg.122.

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Guidelines recommended trigger point injections when there is documentation of circumscribed trigger points with evidence on palpation of a twitch response, as well as referred pain when radiculopathy is not present by examination, imaging study, or neurological testing. The medical records provided for review do not indicate the employee to have findings of circumscribed trigger points with a twitch response, or referred pain. The employee is reported to have a positive Spurling's test and root tension signs with examination of the cervical spine, which does not meet the guidelines. **The request for trigger point injections #8 to the thoracic and cervical spine is not medically necessary and appropriate.**

2) Regarding the request for deep tissue massage to the thoracic and cervical spine:

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, Massage therapy, Pg. 60, which is a part of MTUS.

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Guidelines recommend massage therapy as an adjunct to other recommended treatments such as exercise and should be limited to 4 to 6 visits in most cases. As there is no indication that the deep tissue massage will be performed as an adjunct to exercise or physical therapy; the request for deep tissue massage does not meet the guidelines criteria. **The request for Deep tissue massage to the thoracic and cervical spine is not medically necessary and appropriate.**

3) Regarding the request for wheelchair ramp for patients home:

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 Official Disability Guidelines (ODG), Treatment Index, 11th Edition, Online Version, Knee & Leg Chapter, Wheelchair, which is not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Online Version, Knee & Leg (Acute & Chronic) Chapter, Wheelchair.

Rationale for the Decision:

Official Disability Guidelines recommend a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. The clinical note dated 06/20/13, reported the employee had thrombocytopenia-absent radius syndrome of the bilateral arms at birth and to have undergone multiple surgeries as a child to help with deformities, but none as an adult. On physical exam, the employee is noted to be unable to stand on their heels or toes or tandem walk, both due to body habitus and pain. However, there is no indication that the employee requires the use of a wheelchair and is unable to ambulate. As such, there is no documented evidence as to why a wheelchair ramp for the employee's home would be indicated. **The request for wheelchair ramp for patient's home is not medically necessary and appropriate.**

4) Regarding the request for home health care 5 hours a day 5 days a week:
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 (2009), pg. 51, Section: Home Health Services, which is a part of MTUS.

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Guidelines indicate that Home health services, are recommended only for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, and generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the medical records do not document medical indications as to why the employee would be in need of home health nursing services. **The request for Home Health Care 5 hours a day, 5 days a week is not medically necessary and appropriate.**

5) Regarding the request for wheelchair Lift:

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 Official Disability Guidelines (ODG), Treatment Index, 11th Edition, Online Version, Knee & Leg Chapter, Wheelchair, which is not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Online Version, Knee & Leg (Acute & Chronic) Chapter, Wheelchair.

Rationale for the Decision:

The Official Disability Guidelines recommends a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. Clinical records reviewed reported the employee had thrombocytopenia-absent radius syndrome of the bilateral arms at birth, and have undergone multiple surgeries as a child to help with deformities, but none as an adult. On physical exam, the employee is noted to be unable to stand on her heels or toes or tandem walk, both due to body habitus and pain, but there is no indication that the employee is unable to ambulate. As there is no documented indication for a wheelchair, the need for a wheelchair lift is not established. **The request for Wheelchair Lift 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

/sce

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.