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

Notice of Independent Medical Review Determination

[redacted]

1) MAXIMUS Federal Services, Inc. has determined the request for EMG of upper extremities **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for EMG of lower extremities **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for NCV of upper extremities **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for NCV of lower extremities **is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for Home IF unit **is not medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for Compound medication **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/15/2013 disputing the Utilization Review Denial dated 5/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/1/2013. 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 EMG of upper extremities **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for EMG of lower extremities **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for NCV of upper extremities **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for NCV of lower extremities **is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for Home IF unit **is not medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for Compound medication **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.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 6, 2013.

"The injured worker is a 60 year old with a date of injury 02/28/13. The current report is dated 04/02/13. Constant neck pain with stiffness in both shoulders. Difficulty turning his neck. On exam, there is decreased lumbar ROM with right paravertebral tenderness."

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

- Utilization Review by [redacted] (dated 5/6/2013)
- Employee's Medical Records by [redacted], MD (dated 4/2/13 & 4/30/13)
- Employee's Medical Records by [redacted] (dated 4/2/13 thru 5/30/13)
- Employee's Medical Records by [redacted] (dated 5/28/13)
- Employee's Medical Records by [redacted] (dated 4/10/13)
- Forearm, Wrist, and Hand Complaints (ACOEM Practice Guidelines, 2nd Edition (2004)), Chapter 11, pg 268-269

1) Regarding the request for EMG of 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 Forearm, Wrist, and Hand Complaints (ACOEM Practice Guidelines, 2nd Edition (2004)), Chapter 11, pg 268-269, 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 02/28/13 and has experienced constant neck pain with stiffness in both shoulders, and difficulty turning his neck. Medical records received and reviewed indicate cubital tunnel syndrome (CTS), as the patient has elbow pain down to the fingers. The guideline indicates electrodiagnostic studies may help differentiate between CTS and other conditions. The request for EMG of upper extremities is medically necessary and appropriate.

2) Regarding the request for EMG of lower extremities:

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

The Claims Administrator based its decision on the Forearm, Wrist, and Hand Complaints (ACOEM Practice Guidelines, 2nd Edition (2004)), Chapter 11, pg 268-269 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 used ACOEM Chapter 12, page 303, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:
The employee was injured on 02/28/13 and has experienced constant neck pain with stiffness in both shoulders, and difficulty turning his neck. Medical records received and reviewed show that the patient has not had conservative care prior to the request for the EMG of the lower extremities. The physician report only shows symptoms radiating down the left leg. There is no documentation of

symptoms in the right leg. The request for EMG of lower extremities is not medically necessary and appropriate.

3) Regarding the request for NCV of 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 Forearm, Wrist, and Hand Complaints (ACOEM Practice Guidelines, 2nd Edition (2004)), Chapter 11, pg 268-269, 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 02/28/13 and has experienced constant neck pain with stiffness in both shoulders, and difficulty turning his neck. The medical records indicate subjective pain in the elbow that radiates to the little finger, with no neurological findings. The guideline recommends the NCV if symptoms persist after 3-4 weeks of conservative care. Per medical records received and reviewed, the patient has not failed conservative care. The request for NCV of upper extremities is not medically necessary and appropriate.

4) Regarding the request for NCV of lower extremities:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Forearm, Wrist, and Hand Complaints, ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, pg 268-269, 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 determined that the guideline used by the Claims Administrator does not apply to the employee's condition or requested treatment. The Expert Reviewer used the Official Disability Guidelines (ODG), Low Back chapter, Electrodiagnostic Studies section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:
The employee was injured on 02/28/13 and has experienced constant neck pain with stiffness in both shoulders, and difficulty turning his neck. Medical records received and reviewed show that there was no conservative care prior to requesting the NCV of the lower extremities. ODG states NCV is not recommended for the low back. The request for NCV of lower extremities is not medically necessary and appropriate.

5) Regarding the request for Home IF unit:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Forearm, Wrist, and Hand Complaints, ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, pg 268-269, 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 used the Chronic Pain Medical Treatment Guidelines, pages 118-120, of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:
The employee's date of injury is 02/28/13. The employee experienced constant neck pain with stiffness in both shoulders, and difficulty turning his neck. The guideline states that Home IF unit is not recommended if patient is unresponsive to conservative measures. Medical records received and reviewed show that there was no conservative care prior to requesting the Home IF unit. The request for Home IF unit is not medically necessary and appropriate.

6) Regarding the request for Compound medication:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Forearm, Wrist, and Hand Complaints, ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, pg 268-269, 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 Chronic Pain Medical Treatment Guidelines, page 111-112, of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:
The employee's date of injury is 02/28/13. The employee experienced constant neck pain with stiffness in both shoulders, and difficulty turning his neck. The Chronic Pain Medical Treatment Guidelines state a compounded product that contains at least one drug that is not recommended, is not recommended. In this case, the provider states the compound contains Ketoprofen. FDA does not approve this for topical application. The request for Compound medication 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

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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.