

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.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for an OrthoStim 4 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a diagnostic ultrasound study of the left knee **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/10/13 disputing the Utilization Review Denial dated 5/30/13. A Notice of Assignment and Request for Information was provided to the above parties on 6/11/13. 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 an OrthoStim 4 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a diagnostic ultrasound study of the left knee **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 Occupational Medicine 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 30, 2013

“Clinical History:

The patient reports neck and back pain related to an injury on 03/02/13 as the result of a trip and fall. Her diagnosis is lumbar and thoracic sprain. A recent exam by the primary care physician on 04/19/13 showed paraspinal tenderness, decreased spinal range of motion, left knee medial joint line tenderness with negative provocative tests and decreased sensation along L4-S1 dermatomes on the left. The provider requested 1.) OrthoStim4. 2.) Diagnostic ultrasound study of the left knee.”

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 (dated 6/10/13)
- Notice of Utilization Review Determination from [REDACTED] (dated 5/30/13)
- Utilization Review/Peer Review Report from [REDACTED] (dated 5/30/13)
- Primary Physician’s Supplemental Report from [REDACTED] M.D. (dated 6/28/13)
- Medical Records from [REDACTED] (dated 4/19/13 – 5/28/13)
- Medical Records from [REDACTED] (dated 5/8/13 – 5/31/13)

- Medical Records from [REDACTED] (dated 3/8/13 – 4/18/13)
- Chronic Pain Medical Treatment Guidelines (2009), Transcutaneous Electrotherapy, pg. 104-111
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13 – Knee Complaints, Special Studies and Diagnostic and Treatment Guidelines, pg. 341-343
- Official Disability Guidelines (ODG) (updated 6/7/13), Knee and Leg Chapter, Ultrasound, diagnostic section
- Official Disability Guidelines (ODG) (updated 6/7/13), Pain Chapter, TENS, chronic pain (transcutaneous electrical nerved stimulation) section

1) Regarding the Request for an OrthoStim 4:

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 (May, 2009), Part 2, Pain Interventions and Treatments, Transcutaneous Electrotherapy, of the Medical Treatment Utilization Schedule (MTUS). The Primary Treating Provider did reply to the offer to provide information and referenced the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, Transcutaneous Electrotherapy, which is part of the MTUS and the Official Disability Guidelines (ODG) (updated 6/7/13), Pain Chapter, TENS, chronic pain (transcutaneous electrical nerved stimulation) section, which is a Medical Treatment Guideline (MTG) not in the Medical Treatment Utilization Schedule and is the most recent version of the MTG. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision

The employee reported chronic knee pain, associated with an industrial injury of March 2, 2013. Treatment included: Analgesic medications, transfer of care to and from various providers in various specialties, and reported return to restricted duty work. The most recent progress note of 5/28/13 revealed the employee was experiencing persistent neck, bilateral shoulder, left knee, and low back pain. There was limited lumbar range of motion, well-preserved knee range of motion and positive patellar grind test about the injured knee. Recommendations included aquatic therapy, a knee diagnostic ultrasound study, and return to restricted work duty with a 10-pound lifting limitation in place. On 6/24/13 there was a request for diagnostic ultrasound for investigation of a meniscal tear, and multimodality transcutaneous electrotherapy unit for knee pain.

MTUS Chronic Pain Guidelines do not recommend neuromuscular electrical stimulation (NMES) for chronic pain. Neuromuscular stimulation is only endorsed in the post stroke rehabilitative context. It is not endorsed in the treatment of chronic pain, as is present here. Similarly, galvanic stimulation, another modality which comprises part of the device, is considered investigational for all purposes. The request for OrthoStim 4 **is not medically necessary and appropriate.**

2) Regarding the Request for a diagnostic ultrasound study of the left knee:

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), 2nd Edition, (2004), Chapter 13 – Knee Complaints, Special Studies and Diagnostic and Treatment Guidelines, pg. 341-343, of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (updated 6/7/13), Knee and Leg Chapter, Ultrasound, diagnostic section, which is a Medical Treatment Guideline (MTG) not in the MTUS and is the most recent version of the MTG. The Primary Treating Provider did reply to the offer to provide information and referenced the Official Disability Guidelines (ODG) (updated 6/7/13), Knee and Leg Chapter, Ultrasound, diagnostic section, which is a Medical Treatment Guideline (MTG) not in the MTUS and is the most recent version of the MTG. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011), which is a Medical Treatment Guideline (MTG) not in the MTUS and is the most recent version of the MTG, was more applicable and relevant to the issue at dispute.

Rationale for the Decision

The employee reported chronic knee pain, associated with an industrial injury of March 2, 2013. Treatment included: Analgesic medications; transfer of care to and from various providers in various specialties; and reported return to restricted duty work. The most recent progress note of 5/28/13 revealed the employee was experiencing persistent neck, bilateral shoulder, left knee, and low back pain. There was limited lumbar range of motion, well-preserved knee range of motion and positive patellar grind test about the injured knee. Recommendations included aquatic therapy, a knee diagnostic ultrasound study, and return to restricted work duty with a 10-pound lifting limitation in place. On 6/24/13 there was a request for diagnostic ultrasound for investigation of a meniscal tear, and multimodality transcutaneous electrotherapy unit for knee pain.

The Expert Reviewer found the MTUS, including the 2nd Edition ACOEM guidelines, did not specifically address the topic of diagnostic ultrasound for meniscal tears. However, this is addressed in the 3rd Edition ACOEM guidelines stating that diagnostic ultrasound is not recommended for investigation of acute meniscal tears. Therefore, the request for a diagnostic ultrasound of the left knee **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

/lkh

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.