
Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/30/2013

3/30/2013

6/12/2013

CM13-0000650

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 2 times a week for 6 weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for chiropractic 2 times a week for 6 weeks **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for acupuncture 2 times a week for 6 weeks **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for ROM and muscle testing **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a urine drug screen (UDS) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/12/2013 disputing the Utilization Review Denial dated 5/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/22/2013. 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 physical therapy 2 times a week for 6 weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Chiropractic 2 times a week for 6 weeks **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Acupuncture 2 times a week for 6 weeks **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for ROM and muscle testing **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a urine drug screen (UDS) **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 34 year old, 5 foot 1 inch, 145 pound, RHD, female that tripped and fell at work on 3/30/13, injuring her elbow, right shoulder and right knee. She saw the doctor 2 days later. X-rays, medications and physical therapy (PT) were prescribed. She sought legal counsel and was then referred to Dr [REDACTED] for evaluation and treatment. The initial evaluation by Dr [REDACTED] was on 4/29/13, and she still had right shoulder pain, 5-6/10, right knee pain, 3/10, elbow pain 2/10. She also complained of low back pain, which measured 6/10. She was diagnosed with right elbow contusion, right shoulder sprain, right knee sprain, lumbar sprain, cervical sprain, and myospasms. Dr [REDACTED] recommended chiropractic therapy 2x6, ROM, muscle testing and to be sent for UDT. The chiropractor performed a QFCE on 5/21/13. On follow-up Dr [REDACTED] notes the UDS was negative, ROM from the FCE was provided in a percentage of normal. The actual measurements were not discussed. There is no mention of strength testing in terms of how much weight the patient could lift/carry/push/pull. Dr [REDACTED], did use the information to provide work restrictions for the employee. He requests an MRI of the right shoulder, right knee, right elbow and lumbar spine. He states to continue acupuncture 2x6. He prescribed baclofen, ibuprofen, omeprazole and transdermal compounds. A requests for TENS and a VascuTherm 4 DVT system, which he prefers over ice and heat packs because of compression and DVT prophylaxis. He requests another UDS.

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 physical therapy 2 times a week for 6 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 Official Disability Guidelines (ODG), Physical Therapy Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 98-99, which is part of the MTUS.

Rationale for the Decision:

The request is not in accordance with the Chronic Pain Medical Treatment Guidelines. MTUS recommends 8-10 visits of PT for unspecified myalgia or neuralgia. The medical records provided for review indicate that the employee was reported to have had prior PT for their condition. The request for PT x12 sessions will exceed the MTUS recommendations. **The request for physical therapy 2 times a week for 6 weeks is not medically necessary and appropriate.**

2) Regarding the request for chiropractic 2 times a week for 6 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, page 57, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 58, Manual Therapy & Manipulation, which is part of the MTUS.

Rationale for the Decision:

The request for chiropractic care x12 is not in accordance with MTUS guidelines. MTUS recommends a trial of 3-6 sessions and if there is functional improvement, then care may be extended. The initial request for 12 sessions of chiropractic care will exceed MTUS recommendations. **The request is for Chiropractic sessions, 2 times a week for 6 weeks.**

3) Regarding the request for acupuncture 2 times a week for 6 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, page 43, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, page 43, which is a part of the MTUS.

Rationale for the Decision:

The request is not in accordance with the MTUS/Acupuncture Medical Treatment Guidelines. The guidelines state there should be functional improvement in 3-6 treatments. The UR has modified the request to allow a trial of 4 sessions. MTUS states if there is documentation of functional improvement, then acupuncture treatments can be extended. The initial request for acupuncture x12 will exceed the 3-6 sessions needed to document functional improvement. **The request for acupuncture, 2 times a week for 6 weeks, is not medically necessary and appropriate.**

4) Regarding the request for ROM and muscle testing:

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, no specific page(s) cited.

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 the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), which is not a part of the MTUS, and cited Chapter 7, pages 137-138. The Expert Reviewer also cited the Official Disability Guidelines (ODG), lumbar chapter, flexibility, as relevant and appropriate for the employee's clinical circumstance. No specific page number(s) cited.

Rationale for the Decision:

ROM testing and muscle testing are a normal part of the routine musculoskeletal examination. On reviewing the records, the physician had sent the employee to a chiropractor for ROM and muscle testing, but the chiropractor performed a functional capacity evaluation. MTUS does not discuss ROM/Muscle testing or FCE. ODG guidelines for ROM testing states these are "a part of a routine musculoskeletal evaluation." ACOEM does not completely approve FCEs because the results can be influenced by multiple nonmedical factors other than physical impairment. On the otherhand, ACOEM does not completely disapprove of them. ACOEM states the physician is responsible for determining if impairments results in functional limitations, and says the physican can order the evaluation if he feels the information is crucial. In this case, the physician recommended ROM and muscle testing. But on the follow-up, there was no mention of the what the measured ROM was, and no mention or estimation of

how many pounds or kilograms the employee could lift, carry, push, pull, or grip strength measurements. The information from the FCE other than the ROM percentage and strength percentage, does not appear crucial and ROM testing is part of the normal evaluation. The ROM and Muscle testing as a separate procedure, or as a FCE does not appear to be in accordance with ACOEM and ODG guidelines. **The request for ROM and muscle testing is not medically necessary and appropriate.**

5) Regarding the request for a urine drug screen (UDS):

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, page 43, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 43, and 94-95, which is part of the MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG) as MTUS Chronic Pain Medical Treatment Guidelines do not specifically discuss the frequency that urine drug testing should be performed. ODG-Treatment in Workers' Compensation (TWC) Guidelines, online, Pain Chapter for Urine Drug Testing, are more specific on the topic, and were therefore cited as relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer cited the following link for ODG-TWC Guidelines used: (<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>)

Rationale for the Decision:

The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. This employee was tested on 4/29/13 when the employee was not taking any medications, and the 2nd request was on the physician's follow-up visit on 6/10/13. There is no mention of the employee being at high, medium or low risk. ODG guidelines state that for employee's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. **The request for a urine drug screen (UDS) 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

/ejf

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.