
Notice of Independent Medical Review Determination

Dated: 8/15/2013

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 6/4/2010
IMR Application Received: 7/8/2013
MAXIMUS Case Number: CM13-0000990

- 1) MAXIMUS Federal Services, Inc. has determined the request for gym membership with pool access x 1 year **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for purchase H-Wave Unit **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/8/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/8/2013. 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 gym membership with pool access x 1 year **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for purchase H-Wave Unit **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 July 1, 2013:

“This 58 year-old female was injured 6/4/10. The mechanism of injury was commuting. The carrier has accepted the claim for the right knee and the lower back. No surgery has been reported to this reviewer relative to this Injury. The requesting provider's medical report dated 4/12/13 stated that the patient continues to have intractable low back pain and right knee pain. In speaking with the patient today, she states that she has tried a TENS unit at the chiropractor's office. In fact, the chiropractor tried the TENS unit first on her, and the patient did not find any Improvement with this. He then tried the H-wave unit, and the patient stated that she was able to sit longer and have less spasm with the unit. Given that she responded favorably to the H-wave unit, apparently, the chiropractor has recommended a 1 month's trial so that the patient can use this unit on a daily basis and document if she has sustained pain relief and functional Improvement. The request was for an appeal of the denial of the request for an H-Wave x 2 since there has not been a TENS unit trial. There is also a request for a one year Gym membership.”

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 (received 7/8/13)
- Utilization Review Determination from [REDACTED] (dated 7/1/13)
- Objection of Denial from [REDACTED] (dated 3/18/13)
- MRI/CT scan from [REDACTED] (dated 4/16/12)
- Medical Records from [REDACTED], MD (dated 3/7/13 – 6/14/13)
- Internal Medical Evaluation from [REDACTED], MD (dated 5/16/13)
- Further Utilization Review Determinations from [REDACTED] (dated 3/15/13 – 4/29/13)
- Official Disability Guidelines (ODG) (web edition), Treatment Index, Gym Membership
- Chronic Pain Medical Treatment Guidelines (2009), H-Wave Stimulation (HWT), pg. 171

1) Regarding the request for gym membership with pool access x 1 year:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (web edition), Low Back – Lumbar and Thoracic Chapter, Gym Membership section, not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 6/4/10 the employee sustained an injury to the right knee and low back. Treatment included trial of a TENS unit and H-Wave unit in the chiropractor's office. A medical report dated 4/12/13 revealed the employee continued to experience pain in the low back and right knee. A request was submitted for a gym membership with pool access for 1 year and purchase of an H-Wave Unit.

Official Disability Guidelines, Low Back – Lumbar and Thoracic chapter, Gym Membership section do not recommend gym memberships because treatment cannot be monitored by medical professionals, and there is a potential risk for further injury. The request for gym membership with pool access for 1 year **is not medically necessary and appropriate.**

2) Regarding the request for purchase H-Wave Unit:

Medical Treatment Guideline(s) 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), H-Wave Stimulation (HWT), pg. 171-172, part of the 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:

On 6/4/10 the employee sustained an injury to the right knee and lower back. Treatment included trial of a TENS unit and H-Wave unit in the chiropractor's office. A medical report dated 4/12/13 revealed the employee continues to experience pain in the low back and right knee. A request was submitted for a gym membership with pool access for 1 year and purchase of an H-Wave Unit.

Chronic Pain guidelines, H-Wave Stimulation section state H-Wave is not recommended as an isolated intervention. A one month home-based trial of H-Wave may be considered as an adjunct to a program of functional restoration after failure of conservative care including physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). A review of the medical records submitted revealed a TENS unit was tried once during an office visit and there is no clear documentation that a course of conservative management has been prescribed or completed. The request for the purchase of an H-Wave unit **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.