

**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 transcutaneous electrical nerve stimulation (TENS) unit purchase requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Dendracin Ointment requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the Physical Therapy sessions, 2 times per week for 6 weeks, for Left elbow and cervical spine requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/28/2013 disputing the Utilization Review Denial dated 3/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/25/2013. 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 transcutaneous electrical nerve stimulation (TENS) unit purchase requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Dendracin Ointment requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the Physical Therapy sessions, 2 times per week for 6 weeks, for Left elbow and cervical spine requested **is not medically necessary and appropriate.**

### **Medical Qualifications of the Professional 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 professional 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 March 22, 2013.

“Report dated 02/19/13 reveals that the claimant sustained a work-related injury in 01/13 while working as a medical biller. The claimant began to experience pain in the left shoulder radiating to the left arm. After 2 weeks, the claimant began to feel neck pain with associated headaches. On 01/04/13, while putting away the purse upon arrival at work, the claimant slammed the left thumb and index finger in the top drawer of the cubicle cabinet. The injury was reported to Human Resources and the claimant was referred to [REDACTED] where the claimant was examined, x-rays were obtained and a splint was applied to the left hand. The claimant returned to modified duties with no use of the left upper extremity and was instructed to apply ice to the left thumb and index finger. The claimant was seen at [REDACTED] for approximately 2-3 more occasions and was discharged on 01/15/13. The claimant at that time complained of pain in the neck, left shoulder, and left elbow and asked for a brace for the left wrist and arm. The claimant continued with modified duties after being discharged from the clinic on 01/15/13, then developed numbness and tingling in the left ring finger as well as the left elbow with arm pain. The claimant was referred again to [REDACTED] and then to a medical doctor who recommended therapy. The claimant underwent 5 physical therapy visits which lasted until 2/2/13 including electrical

stimulation to the left shoulder, left arm, and neck. The claimant currently continues to complain of localized bilateral neck pain and stiffness, left shoulder pain and stiffness, and left elbow and wrist pain. On exam, there is tenderness over the para-axial musculature of the cervical spine, left trapezius and left levator scapulae with spasticity. Range of motion of the cervical spine to flexion is 46 degrees, extension is 52 degrees, right lateral bending is 23 degrees and 26 degrees on the left, and right rotation is 62 degrees and 64 degrees on the left. Left shoulder range of motion to abduction is 149 degrees, flexion is 154 degrees, internal rotation is 61 degrees and 66 degrees external, extension is 27 degrees, and adduction is 23 degrees. Left elbow range of motion is 132 degrees and extension is 4 degrees. There is decreased sensation in the ulnar nerve distribution on the left. The provider recommends a TENS unit, physical therapy and symptomatic medications and analgesic ointments such as Anaprox, Ambien, and Prilosec as well as Dendracin ointment.

Claim review indicates that the claimant has been authorized for 6 physical therapy visits.”

#### **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 for transcutaneous electrical nerve stimulation (TENS) unit purchase (dated 3/28/13)
- Application for Independent Medical Review for Dendracin Ointment (dated 3/28/13)
- Application for Independent Medical Review For physical therapy, 2 times per week for 6 weeks for left elbow and cervical spine (3/28/13)
- Utilization Review Denial/Modification for transcutaneous electrical nerve stimulation (TENS) Unit Purchase by [REDACTED] (dated 3/22/13)
- Utilization Review Denial/Modification for Dendracin Ointment by [REDACTED] (dated 3/22/13)
- Utilization Review Denial/Modification for physical therapy 2 times per week for 6 weeks left elbow and cervical spine by [REDACTED] (dated 3/22/13)
- Employee medical records from [REDACTED] (dated 1/25/13 – 2/7/13)
- Employee physical therapy reports from [REDACTED] (dated 1/23/13-2/13/13)
- Employee medical records from [REDACTED], MD (dated 2/19/13-2/28/13)
- Employee physical therapy reports from [REDACTED] (dated 2/25/13-3/27/13)
- ACOEM Guidelines, Table 8-8, Page 181
- Official Disability Guidelines (ODG) (2009) Neck & Upper Back Chapter, TENS
- Official Disability Guidelines (ODG) (2009) Elbow Chapter, TENS
- Official Disability Guidelines (ODG) (2009) Pain Chapter, Compound Drugs
- Official Disability Guidelines (ODG) (2009) Neck and Upper Back Chapter, Physical Therapy

**1) Regarding the request for transcutaneous electrical nerve stimulation (TENS) unit purchase**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Table 8-8, Page 181; Official Disability Guidelines (ODG) (2009) Neck & Upper Back Chapter, TENS; Official Disability Guidelines (ODG) (2009) Elbow Chapter, TENS, of the Medical Treatment Utilization Schedule (MTUS). The Professional Reviewer found the following to be more appropriate: Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 – 9792.26 MTUS (2009) Pg. 116.

Rationale for the Decision:

The employee sustained an injury to the left elbow and wrist. The medical records reviewed indicate treatment with analgesic medications and brief periods off work with subsequent return to regular duty with stretch breaks every hour. Per the Chronic Pain Medical Treatment Guidelines (2009), pg. 116-127, the criteria for the use of TENS is documentation of pain of at least three-month duration with evidence that other appropriate pain modalities have been tried and have failed. A one-month trial rental period of the TENS unit should be documented with frequency of use as well as outcomes in terms of pain relief and function. The medical records provided and reviewed do not document meeting the criteria for a TENS unit. The proposed purchase of the transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary and appropriate.

**2) Regarding the request for Dendracin Ointment**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) Pain Chapter, Compound Drugs, of the Medical Treatment Utilization Schedule (MTUS). The Professional Reviewer found the following to be more appropriate: Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 – 9792.26 MTUS (2009) Pg. 28; ACOEM Practice Guidelines 2nd Edition, (2004) Chapter 3, Initial Approaches to Treatment, Oral Pharmaceuticals, Page 47, as referenced within the California MTUS.

Rationale for the Decision:

The employee sustained an injury to the left elbow and wrist. The medical records reviewed indicate treatment with analgesic medications and brief periods off work with subsequent return to regular duty with stretch breaks every hour. Dendracin is a blend of methyl salicylate, capsaicin, and menthol. The Chronic Pain Medical Treatment Guidelines do not strongly endorse usage of topical agents and topical compounds such as Dendracin. ACOEM suggests that oral pharmaceuticals represent the most appropriate first-line palliative measure. The ingredient capsaicin is considered a last-line measure by MTUS chronic pain

medical treatment guidelines when other first and second line agents have failed. There is no evidence of oral analgesic intolerance and/or failure. The proposed Dendracin Ointment is not medically necessary and appropriate.

**3) Regarding the request for Physical Therapy sessions, 2 times per week for 6 weeks, for left elbow and cervical spine**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) Neck and Upper Back Chapter, Physical Therapy, of the Medical Treatment Utilization Schedule (MTUS). The Professional Reviewer found the following to be more appropriate: Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 – 9792.26 MTUS (2009) Pg. 8 & 99.

Rationale for the Decision:

The employee sustained an injury to the left elbow and wrist. The medical records reviewed indicate treatment with analgesic medications and brief periods off work with subsequent return to regular duty with stretch breaks every hour. The MTUS Chronic Pain Medical Treatment Guidelines endorse up to 10 sessions of physical therapy for myalgias and/or myositis of various body parts. The guidelines further endorse demonstration of functional improvement at various points in time to justify ongoing treatment. A 12-session course of therapy without an intervening follow-up visit with the treating provider to ensure functional improvement is not supported. The request for physical therapy sessions, 2 times per week for 6 weeks, for the left elbow and cervical spine 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, 18<sup>th</sup> 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.