
Notice of Independent Medical Review Determination

Dated: 9/30/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	5/29/2013
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001679

- 1) MAXIMUS Federal Services, Inc. has determined the request for a referral to a psychologist **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a referral to an internist to evaluate and treat **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for chiropractic treatment for neck, shoulders, hand and elbows **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 a referral to a psychologist **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a referral to an internist to evaluate and treat **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for chiropractic treatment for neck, shoulders, hand and elbows **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 July 9, 2013:

██████████ is a 52 year old female assembler (DOH 4/14/07) who experienced bilateral hand pain while working, DOI 5/29/13. Accepted: multiple body parts. She last worked 5/30/13. The only available clinical report is from ██████████ MD, PM&R, dated 6/17/13, The patient complained of continuous bilateral wrist and hand pain at times sharp and burning and traveling to her elbows. She has episodes of swelling, numbness and tingling with cramping and weakness in her hands. On exam upper extremity motor strength is normal, DTRs are normal and there is decreased sensation in the median nerve distribution, Phalen's and Tinel's tests are positive bilaterally, Elbows are tender to palpation and light medial epicondyle Tinel's is positive. There is bilateral shoulder tenderness with decreased ROM and positive impingement tests. There is cervical paraspinal muscle spasm, tenderness and decreased ROM. Impressions are listed as: cervical radiculopathy, bilateral shoulder impingement syndrome, bilateral lateral epicondylitis, bilateral medial epicondylitis, right ulnar neuropathy at the elbow, bilateral carpal tunnel syndrome, anxiety reaction, gastropathy secondary to taking pain medications. Plan: patient should be seen by a psychologist to see if her anxiety is related to her work, she should see an internist with regards to gastric issues, requesting EMG/NCS of bilateral upper extremities to assess for

radiculopathy verses entrapment neuropathy, requesting chiropractic care three times a week for four weeks for the neck, shoulders, hands and elbows, given bilateral carpal tunnel braces and tennis elbow supports Placed on TTD, followup in 4 weeks;. Requests are submitted for referral to psychologist, #1, referral to internist to evaluate and treat, #1, EMG BUE, #1, NCS BUE, #1, NCS RUE, #1, chiropractic treatment for neck, shoulders, hands, elbows, #12, bilateral carpal tunnel braces, #2, bilateral tennis elbow supports, #2.”

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 7/16/13)
- Utilization Review Determination (dated 7/9/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11 (Forearm, Wrist and Hand Complaints), pg.265
- Medical Records from [REDACTED] (dated 6/17/13)
- Medical Records from [REDACTED], MD, QME (dated 6/17/13-7/9/13)
- PR-2 Report from [REDACTED], MD QME (dated 6/17/13)
Electrodiagnostic Medicine Consultation from [REDACTED]

1) Regarding the request for a referral to a psychologist :

Medical Treatment Guideline(s) 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 7, pg. 127 Regarding Independent Medical Examinations and Consultations, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5), pg. 89-92 which is part of MTUS as relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on May 29, 2013 resulting in bilateral hand pain. The medical records provided for review indicate treatments have included analgesics and physical therapy. The request is for a referral to a psychologist.

MTUS ACOEM guidelines indicate consultation is utilized to aid in diagnosis, prognosis or therapeutic management of the industrial injury. Generalized terms in the clinical note reported the employee presented with anxiety reaction; however, any documentation of specifics, such as the employee’s affects, hygiene, or other objective findings were not evidenced. In addition there was no

documentation of duration of symptoms or medication regimen for the employee's anxiety complaints which would meet guideline criteria for referral to a psychologist. The request for a referral to a psychologist **is not medically necessary and appropriate.**

2) Regarding the request for Error! Reference source not found.:

Medical Treatment Guideline(s) 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 7, pg. 127 Regarding Independent Medical Examinations and Consultations, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5), pg. 89-92 which is part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on May 29, 2013 resulting in bilateral hand pain. The medical records provided for review indicate treatments have included analgesics and physical therapy. The request is for a referral to an internist to evaluate and treat.

ACOEM Guidelines recommend consultation to aid in the diagnosis, prognosis, and therapeutic management of the industrial injury; however, the clinical notes lacked evidence of a rationale to support internal medicine consultation and how this intervention would assist in the employee's future course of treatment for pain complaints. The request for a referral to an internist to evaluate and treat **is not medically necessary and appropriate.**

3) Regarding the request for Error! Reference source not found.:

Medical Treatment Guideline(s) 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 11 (Forearm, Wrist and Hand Complaints), pg.265, part of the Medical Treatment Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007), Elbow Complaints, part of the Medical Treatment 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 sustained a work-related injury on May 29, 2013 resulting in bilateral hand pain. The medical records provided for review indicate treatments have included analgesics and physical therapy. The request is for chiropractic treatment for neck, shoulders, hand, and elbows.

MTUS ACOEM Guidelines do not support utilization of manipulation for employees with forearm, wrist, hand or elbow complaints. Studies determining the efficacy of this intervention are lacking. The request for chiropractic treatment for neck, shoulders, hand, and elbows **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

/slm

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.