
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for urgent electrical muscle stimulator **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for urgent Voltaren gel 1 percent **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for urgent TSH **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for urgent comprehensive metabolic panel **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for urgent vitamin D **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for urgent sedimentation rate **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 urgent electrical muscle stimulator **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for urgent Voltaren gel 1 percent **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for urgent TSH **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for urgent comprehensive metabolic panel **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for urgent vitamin D **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for urgent sedimentation rate **is 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 2, 2013

“Clinical summary: According to comprehensive medical evaluation dated 6/10/13 by [REDACTED] MD, the patient came in for evaluation due to chief complaint of constant pain to right elbow. Regarding the right wrist and hand, the patient complained of occasional pain which the patient rated as a 6 on a pain scale of 0 to 10. The patient reported a dull sore ache. The patient had numbness and tingling in the right wrist, forearm and the fourth and fifth digits of the right hand. Regarding the left shoulder and left arm, the patient stated that this was an occasional pain which was rated as a 6 on a pain scale of 0 to 10. The patient stated that this pain occurred from overuse of the left arm, as the patient had hardly used the right arm since surgery. The patient reported increased pain with gripping, grasping, lifting and getting dressed. Upon exam, there

was tenderness in the bilateral cervical parasptnal muscles and superior trapezius muscles extending into the interscapular muscles, as well as tenderness in the anterior neck muscles and supraclavicular region. There was spasm noted in the superior trapezius muscles. There was axial pain with cranial vault compression. There was decreased range of motion. Bilateral shoulder exam: In general, there was normal musculature. There was diffuse tenderness about both shoulder girdles including superior trapezius, supraclavicular, posterior shoulder girdle, scapular muscle and anterior and lateral musculature diffusely. There was decreased range of motion which was more prominent on the right side with guarding and pain complaints. Bilateral elbow exam: Both elbows demonstrated a normal alignment and normal musculature. On the right, there was a well-healed surgical scar of approximately 10 cm over the medial elbow and cubital tunnel which was hypersensitive with marked tenderness to light palpation about the scar and surrounding medial side of the elbow. There was some mild tenderness diffusely on the left on the lateral epicondylar and extensor muscles. Range of motion was decreased on the right. Bilateral wrist and hand exam: there was no tenderness about either wrist or hand; however, there was decreased range of motion on the right associated with pain in the right forearm and elbow. Fingers demonstrated full range of motion. The patient completed the Oswestry questionnaire. This was a self-report instrument that assessed a person's perception of how impaired they were by pain with regard to activities of daily living such as lifting, standing, sitting, sleeping, social and self-care activities. A score of 40 percent or more was indicative of patients with marked disability or may suggest symptom magnification in patients with a few objective findings. The patient completed the Work FABQ with a score of 37. Date of injury: [REDACTED]. Diagnoses: G89.4354.0G56.00.”

“Mechanism of injury: The patient was hit by the handler of a machine causing arm, elbow and forearm injury. Current medications: Meclizine one to two per day, butalb one per day, tactualin zero to two per day, hydrocodone two per day, Voltaren gel as needed, alprazolam one-at night for sleep and Nexium one per day. Dose and scheduled use of the medication were not documented.”

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 Review X3 (received 7/22/13)
- Utilization Review Determinations from [REDACTED] x3 (dated 7/2/13)
- Chronic Pain Medical Treatment Guidelines (2009), Neuromuscular electrical stimulation (NMES devices), pg. 121
- Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pg. 111-112
- Chronic Pain Medical Treatment Guidelines (2009), NSAIDs, specific drug list and adverse effects, pg. 70
- Official Disability Guidelines (ODG) (2009), Pain Chapter, Vitamin D (cholecalciferol)
- Medical Report from [REDACTED] (dated 6/10/13)
- Letter from Attorney (7/18/13)
- Medical records requested were not timely submitted for review.

1) Regarding the request for urgent electrical muscle stimulator:

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), Neuromuscular electrical stimulation (NMES devices), pg. 121, part of the Medical Treatment Utilization 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:

On 10/31/2012 the employee experienced elbow, right hand and right wrist pain associated with cumulative trauma at work. Complete medical records were not timely submitted for this review. A comprehensive medical report dated 6/10/13 revealed treatment to date has included: analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing, noting cubital tunnel syndrome; ulnar nerve transposition surgery and cubital tunnel release on March 18, 2013; and topical analgesics. The employee has continued to experience persistent elbow, hand and wrist pain, with diminished elbow flexion and diminished bilateral grip strength. An urgent request was submitted for electrical muscle stimulator, Voltaren gel 1 percent, TSH, comprehensive metabolic panel, vitamin D and sedimentation rate.

The MTUS Chronic Pain Medical Treatment Guidelines state electrical muscle stimulators, a form of neuromuscular stimulators, are not recommended outside the post-stroke rehabilitated context. They are not recommended for the use of chronic pain as demonstrated in this case. Therefore, the request for urgent electrical muscle stimulator **is not medically necessary and appropriate.**

2) Regarding the request for urgent Voltaren gel 1 percent:

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), Topical Analgesics, pg. 111-112, part of the Medical Treatment Utilization 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:

On 10/31/2012 the employee experienced elbow, right hand and right wrist pain associated with cumulative trauma at work. Complete medical records were not timely submitted for this review. A comprehensive medical report dated 6/10/13 revealed treatment to date has included: analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing, noting cubital tunnel syndrome; ulnar nerve transposition surgery and cubital tunnel release on March 18, 2013; and topical analgesics. The employee has continued to experience persistent elbow, hand and wrist pain, with diminished

elbow flexion and diminished bilateral grip strength. An urgent request was submitted for electrical muscle stimulator, Voltaren gel 1 percent, TSH, comprehensive metabolic panel, vitamin D and sedimentation rate.

The MTUS Chronic Pain Medical Treatment Guidelines state topical Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), such as topical Voltaren, can be indicated in the treatment of arthritis and/or tendinitis in joints such as the elbow or knee. In this case, the employee is experiencing ongoing elbow pain. The medical records submitted and reviewed indicate the applicant has tried and failed multiple analgesic and adjuvant medications with inadequate pain relief. Therefore, the request for Voltaren gel 1 percent **is medically necessary and appropriate.**

3) Regarding the request for urgent TSH:

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), NSAIDs, specific drug list and adverse effects, pg. 70, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 10/31/2012 the employee experienced elbow, right hand and right wrist pain associated with cumulative trauma at work. Complete medical records were not timely submitted for this review. A comprehensive medical report dated 6/10/13 revealed treatment to date has included: analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing, noting cubital tunnel syndrome; ulnar nerve transposition surgery and cubital tunnel release on March 18, 2013; and topical analgesics. The employee has continued to experience persistent elbow, hand and wrist pain, with diminished elbow flexion and diminished bilateral grip strength. An urgent request was submitted for electrical muscle stimulator, Voltaren gel 1 percent, TSH, comprehensive metabolic panel, vitamin D and sedimentation rate.

ACOEM guidelines state a number of individuals with hand, wrist, and forearm complaints often have underlying disorders and/or diseases such as hypothyroidism. Obtaining a TSH level would be of benefit as this could potentially uncover the source of the employee's symptoms. The request for urgent TSH **is medically necessary and appropriate.**

4) Regarding the request for urgent comprehensive metabolic panel:

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), NSAIDs, specific drug list and adverse effects, pg. 70, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) and Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 10/31/2012 the employee experienced elbow, right hand and right wrist pain associated with cumulative trauma at work. Complete medical records were not timely submitted for this review. A comprehensive medical report dated 6/10/13 revealed treatment to date has included: analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing, noting cubital tunnel syndrome; ulnar nerve transposition surgery and cubital tunnel release on March 18, 2013; and topical analgesics. The employee has continued to experience persistent elbow, hand and wrist pain, with diminished elbow flexion and diminished bilateral grip strength. An urgent request was submitted for electrical muscle stimulator, Voltaren gel 1 percent, TSH, comprehensive metabolic panel, vitamin D and sedimentation rate.

The ACOEM guidelines suggest laboratory testing to rule out diseases such as diabetes and/or hypothyroidism. The comprehensive metabolic panel includes serum glucose levels as well as renal and hepatic function testing. The renal and hepatic function testing will ensure the employee's prescribed medications are compatible with renal and hepatic levels. ACOEM guidelines also state that NSAIDs can cause renal dysfunction. Given the chronic use of medication, a comprehensive metabolic panel is appropriate. The request for urgent comprehensive metabolic panel **is medically necessary and appropriate.**

5) Regarding the request for urgent request for vitamin D:

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) (2009), Pain Chapter, Vitamin D (cholecalciferol), 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 the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 10/31/2012 the employee experienced elbow, right hand and right wrist pain associated with cumulative trauma at work. Complete medical records were not timely submitted for this review. A comprehensive medical report dated 6/10/13 revealed treatment to date has included: analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing, noting cubital tunnel syndrome; ulnar nerve transposition surgery and cubital

tunnel release on March 18, 2013; and topical analgesics. The employee has continued to experience persistent elbow, hand and wrist pain, with diminished elbow flexion and diminished bilateral grip strength. An urgent request was submitted for electrical muscle stimulator, Voltaren gel 1 percent, TSH, comprehensive metabolic panel, vitamin D and sedimentation rate.

Upon review of the medical report submitted, this request is for vitamin D testing. ACOEM guidelines state patients with wrist and hand complaints may have associated disease such as diabetes, hypothyroidism, vitamin B complex deficiency and arthritis. ACOEM guidelines do not specifically endorse or support the need for vitamin D testing in individuals with persistent wrist and/or hands complaints. Therefore, the request for vitamin D testing **is not medically necessary and appropriate**.

6) Regarding the request for urgent sedimentation rate:

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), NSAIDs, specific drug list and adverse effects, pg. 70, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 10/31/2012 the employee experienced elbow, right hand and right wrist pain associated with cumulative trauma at work. Complete medical records were not timely submitted for this review. A comprehensive medical report dated 6/10/13 revealed treatment to date has included: analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing, noting cubital tunnel syndrome; ulnar nerve transposition surgery and cubital tunnel release on March 18, 2013; and topical analgesics. The employee has continued to experience persistent elbow, hand and wrist pain, with diminished elbow flexion and diminished bilateral grip strength. An urgent request was submitted for electrical muscle stimulator, Voltaren gel 1 percent, TSH, comprehensive metabolic panel, vitamin D and sedimentation rate.

ACOEM guidelines state erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. Given the chronic nature of the employee's symptoms and failure to progress, obtaining ESR levels would be beneficial in detecting any potential abnormalities. The request for urgent sedimentation rate **is 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.



