

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	8/1/2012
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002444

- 1) MAXIMUS Federal Services, Inc. has determined the request for purchase of an H-wave unit for home use; cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy cervical spine three (3) times six (6) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 request for purchase of an H-wave unit for home use; cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy cervical spine three (3) times six (6) weeks **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 15, 2013:

"Patient IS a 23 year old female File Clerk with a dale of injury of 8/1/2012 The patient was bent over in front of the cabinet with the drawers open and the cabinet fell over on her, The diagnosis is. Cerviicalgia; Neck sprain. The patient is currently experiencing pain in her neck, occasionally radiating into the shoulder blades."

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 (date 7/16/2013)
- Utilization Review by [REDACTED] (date 7/15/2013)
- Medical Records from [REDACTED] (date 8/16/2013)
- Medical Treatment of Utilization Schedule (MTUS)

1) Regarding the request for purchase of an H-wave unit for home use; cervical spine:

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, H-wave stimulation (HWT), page 117, part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 8/01/2012. The diagnosis is cervicalgia, neck sprain. The submitted and reviewed medical records indicate that the employee has had CT, physical therapy, exercise, a home trial of TENS, and medications. On 05/29/13, this employee reported pain rated at 6/10 and hot and cold packs, e-stim with H-wave, and manual therapy were provided at that time. The employee reported increased pain, decreased strength and decreases ranges of motion at that time. A request was submitted for an H-wave unit purchase for home use for the cervical spine, and additional physical therapy for cervical spine 3x6 (total of 18 sessions).

MTUS Chronic Pain Guidelines indicate that an H-wave device is, "Not recommended as an isolated intervention, but a 1 month home based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct of initially recommended conservative care, including recommended physical therapy (i.e. exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)". The records indicate the employee has undergone physical therapy. The records note after a 30 day trial, if the employee obtains relief and/or shows functional improvement, this prescription allows continued and ongoing home use as instructed. The last clinical note dated 07/12/2013 does mention an H-wave device being utilized as a trial but does not indicate decreased pain or function and does not indicate that a home trial has taken place. The records do not demonstrate the overall efficacy of this trial. The request for purchase of an H-wave unit for home use to the cervical spine **is not medically necessary and appropriate.**

2) Regarding the request for additional physical therapy cervical spine three (3) times six (6) weeks :

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, Physical Medicine, page 98-99, part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS Chronic Pain guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 8/01/2012. The diagnosis is cervicalgia, neck sprain. The submitted and reviewed medical records indicate that the employee has had CT, physical therapy, exercise, a home trial of TENS, and medications. On 05/29/13, this employee reported pain rated at 6/10 and hot and cold packs, e-stim with H-wave, and manual therapy were provided at that time. The employee reported increased pain, decreased strength and decreases ranges of motion at that time. A request was submitted for an H-wave unit purchase for home use for the cervical spine, and additional physical therapy for cervical spine 3x6 (total of 18 sessions).

MTUS Chronic Pain Guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis and allow for fading frequency, from up to 3 visits per week to 1 or less, plus active self-directed exercises. The records submitted for this review indicate the employee has undergone 12 visits of physical therapy as of 7/12/13. The submitted records note subjective improvement in range of motion; however, range of motion and strength were not objectively measured. There is a lack of documentation indicating efficacy of the 12 physical therapy visits. The request for additional physical therapy for the cervical spine three times a week for six weeks **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.