

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

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	6/26/2012
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003109

- 1) MAXIMUS Federal Services, Inc. has determined the request for **8 acupuncture treatments for bilateral wrists (2 times a week for 4 weeks) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **8 chiropractic visits for bilateral wrists (2 times a week for 4 weeks) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 **8 acupuncture treatments for bilateral wrists (2 times a week for 4 weeks) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **8 chiropractic visits for bilateral wrists (2 times a week for 4 weeks) 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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 11, 2013.

The applicant, Ms. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic bilateral hands, wrists, and forearm pain reportedly associated with an industrial injury of June 26, 2012.

Thus far, she has been treated with the following: Analgesic medications; wrist bracing; eight sessions of physical therapy to date; eight sessions of chiropractor manipulative therapy to date; eight sessions of acupuncture to date; and extensive periods of time off of work. The applicant has apparently not worked since July 2012.

The most recent progress report of June 26, 2013, is notable for comments that the applicant is off of work and has been off of work since July 2012. She is status post corticosteroid injections with some relief. She has apparently been worked up by rheumatologist as negative for any underlying autoimmune or rheumatologic disease. She exhibits mild impingement syndrome about the left shoulder with positive Tinel and Phalen signs about the wrist. There is no overt evidence of triggering. Strength is fairly well maintained. The applicant has MRI of the wrist notable for tendinosis and degenerative changes of uncertain clinical significance. She is asked to continue acupuncture and chiropractic manipulative therapy while remaining off of work, on total temporary disability. She is asked to use anti-inflammatories and wrist braces on a p.r.n. basis.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 8 acupuncture treatments for bilateral wrists (2 times a week for 4 weeks):

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California MTUS 2009: Physical Medicine: Chronic Pain Medical Treatment Guidelines (Section 9792.24.2), page 58 of 127, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Manual Therapy & Manipulation, pages 58-59; and the Acupuncture Medical Treatment Guidelines, which are part of MTUS.

Rationale for the Decision:

As noted in MTUS 9792.24.1.d., acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. The medical records provided for review indicate that the employee has had at least eight sessions of acupuncture to date. There is no evidence of functional improvement following completion of the same. The employee has failed to return to work. There is no evidence of progressively diminishing work restrictions, improved performance of activities of daily living and/or diminished reliance on medical treatment so as to justify additional acupuncture. The fact that the employee remains off of work, on total temporary disability, continues to use analgesic medications and wrist braces argues against the presence of functional improvement. **The request for 8 acupuncture treatments for bilateral wrists (2 times a week for 4 weeks) is not medically necessary and appropriate.**

2) Regarding the request for 8 chiropractic visits for bilateral wrists (2 times a week for 4 weeks):

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California MTUS, 2009: Physical Medicine: Chronic Pain Medical Treatment Guidelines, Section 9792.24.2), page 58 of 127, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Manual Therapy & Manipulation, pages 58-59, which is part of MTUS.

Rationale for the Decision:

On page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, it is indicated that manual therapy and manipulation are not recommended for issues involving the forearm, hand and wrist. The medical records provided for review indicate that in this case, the employee has had prior manipulation to date, despite the unfavorable MTUS recommendation. There is no evidence of functional improvement following completion of the same. The employee has failed to return to work. There is no evidence of progressively diminishing work restrictions, improved performance of activities of daily living and/or diminished reliance on medical treatment so as to justify additional acupuncture. The fact that the employee remains off of work, on total temporary disability, continues to use analgesic medications and wrist braces argues against the presence of functional improvement. **The request for 8 chiropractic visits for bilateral wrists (2 times a week for 4 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,

Paul Manchester, MD, MPH
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.