

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 12/11/1998
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004236

- 1) MAXIMUS Federal Services, Inc. has determined the request for American body armor lightweight flexible bulletproof vest: Xtreme HP - NIJ Type III A **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for purchase of an H-wave home care system (TENS) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 American body armor lightweight flexible bulletproof vest: Xtreme HP - NIJ Type III A **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for purchase of an H-wave home care system (TENS) **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 Orthopaedic Surgery, 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:

NO Clinical Summary was provided with the Utilization Determination Review dated 7/8/2013.

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 American body armor lightweight flexible bulletproof vest: Xtreme HP – NIJ Type III A:

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

The Claims Administrator based its decision on the Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations,

Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Durable Medical Equipment section.

Rationale for the Decision:

The employee was injured on 12/11/1998, and continues to experience neck pain. The request is for American body armor lightweight flexible bulletproof vest: Xtreme HP – NIJ Type III A.

The Official Disability Guidelines state that DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. The request for a bulletproof vest is not primarily or customarily used for a medical purpose. The rationale is that the old vest had wear and tear. However, the condition of the old vest would not factor into the decision as this is not for a medical purpose but for the employee's job. The provider did report that the standard vest causes increased neck pain; however, the clinical note does not objectify the employee's increase with before and after pain scores. It is unclear how a bulletproof vest would cause neck pain. The request for American body armor lightweight flexible bulletproof vest: Xtreme HP - NIJ Type III A **is not medically necessary and appropriate.**

2) Regarding the request for purchase of an H-wave home care system (TENS):

Section of the Medical Treatment Utilization Schedule 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), H-Wave Stimulation section, which is part of the California Medical Treatment Utilization Schedule (MTUS). 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 was injured on 12/11/1998, and continues to experience neck pain. The request is for an H-wave home care system (TENS).

The MTUS Chronic Pain Medical Treatment Guidelines state that a one month trial of an H-wave system may be considered as an adjunct to a program of evidence based functional restoration after failure of conservative treatment including physical therapy, medications and TENS unit. Medical records submitted and reviewed show no indication the employee has failed any recent physical therapy or trial of a TENS unit, and no indication the employee had efficacious results with a trial of an H-wave device to support purchase. The guideline criteria have not been met. The request for an H-wave home care system (TENS) **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

/ldh

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.