

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/12/2013

6/23/2011

7/29/2013

CM13-0004661

- 1) MAXIMUS Federal Services, Inc. has determined the request for **eight (8) acupuncture sessions to the right shoulder** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **eight (8) acupuncture sessions to the bilateral wrists/hands** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Ibuprofen (unspecified dosage/quantity)** 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 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **eight (8) acupuncture sessions to the right shoulder** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **eight (8) acupuncture sessions to the bilateral wrists/hands** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Ibuprofen (unspecified dosage/quantity)** 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 Anesthesiology and Pain Management, has a subspecialty in Acupuncture 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:

52 y/o female injured worker who sustained an injury and has been diagnosed with pain in right shoulder and numbness in right wrist/hand.

The issues at dispute are whether the eight acupuncture sessions to right shoulder are medically necessary and appropriate, whether the eight acupuncture sessions to bilateral wrists/hands are medically necessary and appropriate and whether the Ibuprofen (unspecified dosage/quantity) is medically necessary and appropriate.

4/9/12 Report by acupuncturist Benesh notes improvement on VAS scale from 9.5 to 7.5.

11/12/12 Report notes 400mg ibuprofen tid prn for pain is prescribed.

2/22/13 report notes benefit from acupuncture for both hands after 10 sessions and references note from acupuncturist; notes sessions stopped because of need to pursue surgery for non-industrial indication

5/10/13 report from Dr [REDACTED] requests acupuncture for symptomatic bilateral hands

5/14/13 examination described on report dated 6/7/13 from Dr [REDACTED] requests continued acupuncture for symptomatic bilateral hands and initial acupuncture request for right shoulder (this request is for twice a week for four weeks, so total of 8 sessions), and recommends "continue taking ibuprofen, as needed for pain control"

### **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 and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for eight (8) acupuncture sessions to the right shoulder:**

##### The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, and the Acupuncture Medical Treatment Guidelines pg.9, which are part of the MTUS.

##### Rationale for the Decision:

The UR determination was for non-certification, however it understood the request to be for 8 sessions of "additional" acupuncture for the shoulder pain, when in fact this is the first request for acupuncture for the shoulder pain. Nevertheless, on page 9 MTUS recommends 3-6 initial treatments, not 8, so medical necessity is not affirmed as 8 is greater than the MTUS recommended 6 initial sessions. The guidance from 2009 MTUS sections 9792.20 and 9792.23.4 together convey that "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." The provider implied that acupuncture was helpful for hand/wrist pain. However, according to MTUS, medical necessity for extended treatments cannot be substantiated until there is documentation of functional improvement as defined above. **The request for eight (8) acupuncture sessions to the right shoulder is not medically necessary and appropriate.**

**2) Regarding the request for eight (8) acupuncture sessions to the bilateral wrists/hands:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the the CA MTUS 2009 ACOEM Guidelines.

The Expert Reviewer based his/her decision on the MTUS Acupuncture 9792.20 and 9792.23.4.

Rationale for the Decision:

The guidance from 2009 MTUS sections 9792.20 and 9792.23.4 together convey that "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment."

The provider implied that acupuncture was helpful. However, according to MTUS, medical necessity for extended treatments cannot be substantiated until there is documentation of functional improvement as defined above. **The request for eight (8) acupuncture sessions to the bilateral wrists/hands is not medically necessary and appropriate.**

**3) Regarding the request for Ibuprofen (unspecified dosage/quantity):**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAID's, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory Medications, pg. 22, which is part of the MTUS.

Rationale for the Decision:

While pg. 22 of the Chronic Pain Medical Treatment Guidelines substantiates the use of NSAIDs as first-line treatment, the dose and quantity of Ibuprofen requested is not specified which would be necessary to affirm medical necessity for the request. **The request for Ibuprofen (unspecified dosage/quantity) 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, 18<sup>th</sup> 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.