

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	8/7/2012
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005086

- 1) MAXIMUS Federal Services, Inc. has determined the request for **thirty day trial of H-Wave system is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one EMG/NCS of the LUE is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/2/2013. 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 **thirty day trial of H-Wave system** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one EMG/NCS of the LUE** 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 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.

Expert Reviewer Case Summary:

The patient is a 30-year-old female who reported an injury on 08/07/2012. The injury is noted to have occurred when the patient's left hand was wrapped around a box, which came forward suddenly, and the patient dropped the box with her finger still wrapped around the strapping. She was unable to let go, and the full weight of it pulled her arm down with a pulling, painful sensation. The patient underwent an EMG/NCV study of the left arm on 05/15/2013 with Dr. [REDACTED], which indicated no evidence of median neuropathy, ulnar neuropathy, plexopathy, or radiculopathy in the left upper extremity. It is also noted, that the patient has undergone 6 total visits of physical therapy to include ice and heat therapy with an H-Wave system, ultrasound therapy, soft tissue mobilization, myofascial release, and instructions on a home exercise program from the time period between 05/13/2013 through 06/06/2013. Additional office visits were conducted with Dr. [REDACTED] on 03/07/2013, 04/02/2013, and 05/06/2013. Diagnoses included AC separation, sternoclavicular strain, probable soft tissue strain, and migraine headaches. Treatment plan included thirty day trial of H-Wave system and one EMG/NCS of the LUE.

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 Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for thirty day trial of H-Wave system:

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 (May 2009), which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 114-116, which is part of MTUS.

Rationale for the Decision:

California MTUS Guidelines state that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. A home-based treatment trial of 1 month may be appropriate for neuropathic and CRPS 1 and 2 conditions. Documentation of pain at least 3 months in duration should be noted. There should also be evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, there is no indication that the employee has trialed and failed other conservative treatments or appropriate pain modalities prior to the request for an electrotherapy device. It is also noted the employee underwent at least 6 sessions of physical therapy, which included H-wave therapy. As per the latest daily note on 06/06/2013, the employee continued to report 7/10 pain with functional limitations, severe tenderness, and positive crepitation with decreased range of motion. California Guidelines further state that a treatment plan including the specific short and long term goals of treatment with the unit should be submitted. **The request for thirty (30) day trial of H-Wave system is not medically necessary and appropriate.**

2) Regarding the request for one EMG/NCS of the LUE:

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 ACOEM Guidelines, Chapter 8 (Neck and Upper Back Complaints) (2004), pg. 178, which is part of MTUS.

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 the Official Disability Guidelines (ODG), Hand, Wrist, Forearm and Neck Chapter.

Rationale for the Decision:

Official Disability Guidelines state that electrodiagnostic studies are recommended as an option after closed fractures of distal radius and ulna if necessary to assess nerve injury. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. Nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes, if other diagnoses may be likely based on the clinical exam. The latest physical examination was submitted on 05/06/2013, and indicated tenderness to palpation, notable swelling along the mid-clavicular border, and decreased strength and range of motion. The employee demonstrated negative Tinel's testing, and sensation was noted to be intact in all major dermatomes of the upper and lower extremities. Therefore, there was no indication of a significant neurological deficit. There is also no evidence provided of radicular symptoms corroborated by clinical imaging studies or physical findings. **The request for EMG/NCS of the LUE 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

/skf

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.