

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	5/15/2012
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005120

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Lindora weight loss program is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for adjustable ergonomic chair **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **local right levator scapulae TP injection with Lidocaine and Marcaine 0.5cc each is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **bilateral wrist splints is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **six (6) sessions of chiropractic therapy 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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 Lindora weight loss program **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for adjustable ergonomic chair **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for local right levator scapulae TP injection with Lidocaine and Marcaine 0.5cc each **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for bilateral wrist splints **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for six (6) sessions of chiropractic therapy **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:

This claimant is a 43-year-old female with multiple complaints of pain. On 07/12/2012, she was seen in physical therapy. At that time, she reported pain to her right shoulder and right elbow rated at 8/10 to 10/10, right lateral hand pain was rated at 7/10 to 8/10, bilateral knee pain was rated at 6/10 to 9/10, right ankle pain was rated 8/10 to 9/10, and lumbar spine pain was rated at 8/10. On 08/06/2012, an MRI of the lumbar spine revealed that at L5-S1 there was a 2 mm right foraminal disc protrusion with abutment of the exiting right L5 nerve root, and at L4-5 there was a 3 mm right foraminal disc protrusion with abutment of the exiting right L4 nerve root. MRI of the right knee was obtained on that same date revealing an area of marrow edema involving the proximal tibia, most likely representing bone contusion, joint effusion was also present, and there was scarring of the fat pad, thought to be related to underlying patellofemoral tracking abnormalities, and there was mild chondromalacia of the patella, but there was no meniscal tear. The anterior cruciate ligament was intact. On 08/06/2012, MRI of the right shoulder revealed tenosynovitis of the biceps tendon, a small joint effusion, no fractures or dislocations, arthritic changes of the AC joint and mild tendinosis of the

supraspinatus tendon without rotator cuff tear. On 03/25/2013, this claimant submitted to an agreed medical evaluation by [REDACTED], MD. The claimant stated that on 05/15/2012 she was walking to deliver cases when she tripped and fell, stating that she believed her heel got caught in the carpet on the floor. She fell forward, landing on knees, then her right shoulder and arm. It was noted that she complained of tenderness to the right shoulder, pain to the right wrist, with associated popping and numbness of the right fingers occasionally. She also described left wrist discomfort and complained of constant mid and low back pain. She denied cervical injuries or cervical involvement. She complained of pain to the left knee and to the right ankle at that time. Medications included Synthroid, Neurontin, tizanidine, hydrocodone, vitamin D, atenolol, Lasix, amlodipine, "coxpason", and potassium. On examination, she ambulated with short strides and had an antalgic gait to the right. She is able to walk on heels without difficulty. There were no impingement or apprehension signs to the right shoulder. There were no findings listed to the right shoulder or upper back. There is no clinical instability noted. Examination of the wrist revealed no obvious swelling, effusions, or deformity. There was a negative Tinel's sign at the carpal tunnel as well as at Guyon's canal. Phalen's test elicited some minimal right dorsal wrist complaints. There was no swelling or deformity and there was no catching or locking of the hands. On 07/01/2013, a primary treating physician's progress report was submitted by [REDACTED], MD. This indicated she continued to complain of right knee with some swelling and crepitus with passive range of motion. A previously performed EMG of the right upper extremity, right lower extremity dated 08/07/2012 was reported as negative.

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
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Lindora weight loss program:

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 <http://www.ncbi.nlm.nih.gov/pubmed/15630109> systematic review: an evaluation of major commercial weight loss programs in the United States and AETNA Clinical Policy Bulletin: Weight Reduction Medications and Programs, which are not a part of the MTUS.

The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Activity Alteration, pg. 301, which is a part of the MTUS, the Official Disability Guidelines (ODG), Low Back Chapter, and Goodpaster, Bret H., et al. "Effects of diet and physical activity interventions on weight loss and cardiometabolic risk factors in severely obese adults." JAMA: the journal of the American Medical Association 304.16 (2010): 1795-1802, which are not a part of MTUS.

Rationale for the Decision:

The most recent clinical notes submitted for review fail to describe a significant weight issue for this employee. The primary treating physician's progress note of 05/17/2013 failed to reveal this employee's current weight. The records did not indicate that a failure of lesser measures such as aerobic exercise as recommended by MTUS/ACOEM and by ODG. The specifics of the Lindora Weight Loss Program were not provided for this review. It is not indicated whether this is an inpatient or outpatient weight loss program, or involves just meal preparation and/or exercise programs. The utilization review dated 07/08/2013 non-certified this request. The rationale given was that there was very limited evidence based peer reviewed literature to support formal weight loss programs. It was noted that some consideration is given when a patient is not able to maintain a BMI below 30 despite independent attempts at weight. It was noted the employee appeared to be significantly overweight although the records indicate 20 pounds had been gained since the date of injury. The documentation did not clearly indicate a treatment log demonstrating that there had been an inability to lose weight despite adherence to an independent program of caloric restriction and increased physical activity recommended by the guidelines. **The request for Lindora weight loss program is not medically necessary and appropriate.**

2) Regarding the request for adjustable ergonomic chair:

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

The Claims Administrator did not cite an evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Editions (2004), Chapter 12), Activity Alterations, pg. 301, which is a part of the MTUS and the Official Disability Guidelines (ODG), Low Back Chapter, Ergonomics interventions, which is not a part of MTUS.

Rationale for the Decision:

The most recent clinical notes submitted for review fail to describe a medical necessity for this device. The utilization review determination dated 07/08/2013 indicates the documentation did not clearly identify why poor ergonomics were suspected as contributing to the employee's complaints and that an ergonomic evaluation recommended the requested chair as noted in the prior determination. The records provided for this review fail to describe a medical necessity for the ergonomic request and fail to indicate that ergonomics are a factor for this employee. **The request for adjustable ergonomic chair is not medically necessary and appropriate.**

3) Regarding the request for local right levator scapulae TP injection with Lidocaine and Marcaine 0.5cc each:

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 California MTUS Chronic Pain Medical Treatment Guidelines Trigger Point Injections, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Initial Care, Activity Modification, pg. 201-205, and the Chronic Pain Medical Treatment Guidelines, trigger point injections, pg. 122-123, which is a part of the MTUS.

Rationale for the Decision:

The ODG defines trigger points as a discrete focal tenderness located in a palpable taught bands of skeletal muscle producing a local twitch and response to stimulus to the band. The medical records submitted for review fail to demonstrate that this employee has significant trigger points and the clinical note dated 07/01/2013 fails to indicate that the employee has taught bands or a twitch response. The MTUS/ACOEM guidelines indicate that invasive techniques have limited proven value and trigger point injections are recommended only for myofascial pain syndrome. The records do not indicate the presence of myofascial pain syndrome. **The request for local right levator scapulae TP injection with Lidocaine and Marcaine 0.5cc each is not medically necessary and appropriate.**

4) Regarding the request for bilateral wrist splints:

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, 2nd Edition, Forearm, Wrist and Hand Complaints chapter, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), Physical Methods, pg. 265-266, which is part of the MTUS.

Rationale for the Decision:

The employee described falling on her right wrist and hand. The most recent clinical note dated 07/01/2013 does not indicate medical necessity for bilateral wrist splints. The MTUS/ACOEM does support the use of wrist splinting as first line treatment in the management of conditions such as carpal tunnel syndrome, De Quervain's, or strains. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. The documentation submitted and reviewed did not identify any symptoms or findings consistent with the condition for which bracing would likely provide benefit and prolonged splinting can lead to weakness and stiffness. The records also fail to indicate this employee has a condition for which splinting would be appropriate. **The request for bilateral wrist splints is not medically necessary and appropriate.**

5) Regarding the request for six (6) sessions of chiropractic therapy:

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 California MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, which is part of the MTUS.

The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Physical Methods, pg. 298-300 and the Chronic Pain Medical Treatment Guideline, Manual Therapy and Manipulation, pg 58-60, which is a part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM guidelines indicate that manual therapy and manipulation may be recommended for chronic pain if caused by musculoskeletal conditions. Guidelines indicate time to produce effect should be 4 to 6 treatments with a frequency of 1 to 2 times per week for the first week as indicated by the severity of the condition. The most recent clinical note fails to demonstrate an ongoing necessity for this request. This request was previously reviewed on 07/08/2013 and was non-certified. The rationale given at that time indicated the patient had 6 visits chiropractic treatment to the low back that provided some functional improvement as noted in an appeal letter; however, those visits concluded 4.5 months prior to the determination and the claimant was instructed in an independent home exercise program at that time. Current documentation does not identify a specific objective exacerbation; or current functional deficits that cannot be addressed with the home program. The records provided for this review also fail to indicate that the employee cannot perform a home exercise program and obtain the same results. **The request for six (6) sessions of chiropractic therapy 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.