

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	10/20/2005
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005615

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Cartivisc 500/200/150mg #90** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **range of motion (ROM) testing** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **urine drug test (UDT)** is medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/22/2013. 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 **Cartivisc 500/200/150mg #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **range of motion (ROM) testing is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **urine drug test (UDT) is 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.

Expert Reviewer Case Summary:

This is a 67 YO, female that slipped and fell at work on 10/20/2005. She is s/p right knee partial meniscectomy on 1/13/06, s/p right great toe Cheliectomy with hallux rigidus, s/p right 2nd and 3rd metatarsophalangeal joint release on 8/30/11, s/p right great toe proximal osteotomy and third toe flexor tenotomy on 4/12/12.

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 Cartivisc 500/200/150mg #90:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Glucosamine and Chondroitin, pg 50, Complex Regional Pain Syndrome (CRPS) Medications, pg 37-38, MSM (methylsulfonylmethane), pg 63, which are part of the MTUS.

Rationale for the Decision:

Cartivisc is a combination of glucosamine sulfate, chondroitin sulfate and MSM. MTUS has some recommendations for glucosamine sulfate, but not chondroitin sulfate, and not for oral MSM. MSM is classified as a nutritional supplement and is not indicated for treatment of any condition. MTUS discusses MSM under the medications for CRPS, with DMSO. The employee does not have CRPS. The use of Cartivisc is not in accordance with MTUS guidelines. **The request for Cartivisc 500/200/150mg #90 is not medically necessary and appropriate.**

2) Regarding the retrospective request for range of motion (ROM) testing:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

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), Lumbar Chapter for ROM, which is not part of the MTUS.

Rationale for the Decision:

The orthopedist measured ROM as part of his examination. There is no rationale provided as to why this should be billed as a separate procedure. ODG guidelines states it should be a part of the routine musculoskeletal examination. The request for ROM as a separate procedure is not in accordance with ODG guidelines. **The retrospective request for range of motion (ROM) testing is not medically necessary and appropriate.**

3) Regarding the retrospective request for urine drug test (UDT):

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Steps to Avoid Opioid Misuse, pgs. 94-95, Drug Testing, pg. 43, which are part of the MTUS, and the Official Disability Guidelines (ODG-TWC), Pain Chapter for Urine Drug Testing, which is not part of the MTUS.

Rationale for the Decision:

The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. This employee was tested on 10/5/12 and 8/9/12 and on 7/26/13. The 7/26/13 UDS appears to be the only UDS for 2013 calendar year. The employee is taking Norco, and apparently tramadol, The request appears to be in accordance with ODG guidelines for the frequency, and MTUS guidelines for drug testing. **The retrospective request for urine drug test (UDT) is 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.