
Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 10/3/2005
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006333

- 1) MAXIMUS Federal Services, Inc. has determined the request for **pre-op clearance is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Coolcare Cold Therapy unit is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **left de Quervain's cortisone injection under ultrasound guidance is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **post op physical therapy; twelve (12) sessions (3x4) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 **pre-op clearance is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Coolcare Cold Therapy unit is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **left de Quervain's cortisone injection under ultrasound guidance is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **post op physical therapy; twelve (12) sessions (3x4) 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 is a 42 year old female, injured on 10/3/05 to bilateral upper extremities. She was diagnosed with complex regional pain syndrome (CRPS), right and left DeQuervain's, right lateral epicondylitis and left shoulder strain. The 7/23/13 UR letter approved a right deQuervain's release, denied pre-op clearance, modified physical therapy (PT) to 7 sessions, denied the Coolcare cold therapy unit and denied a left deQuervain's cortisone injection with ultrasound guidance.

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 pre-op clearance:

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 Official Disability Guidelines, which is not a part of MTUS.

The Expert Reviewer based his/her decision on Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg. 270-271, which is a part of MTUS, and Official Disability Guidelines, Forearm/Wrist/Hand Chapter which is not a part of MTUS.

Rationale for the Decision:

The medical records from 6/14/13 provided for review, mentions pre-operative medical clearance, but does not provide the rationale for this. There was no discussion of comorbid conditions of concern other than the psyche issues ACOEM does suggest counseling on outcomes, but ACOEM and ODG guidelines do not require medical clearance. There is not enough information provided to confirm that the additional medical evaluation for clearance is in accordance with MTUS guidelines or any evidence-based guidelines. **The request for Pre-op clearance is not medically necessary and appropriate.**

2) Regarding the request for Coolcare Cold Therapy unit:

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 Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg. 265, which is a 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), Forearm/Wrist/Hand Chapter, and Knee Chapter which is not a part of MTUS.

Rationale for the Decision:

The ODG Guidelines states "*The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting.*" There was no rationale provided for requesting a cold therapy unit over cold packs and the guidelines state there is insufficient evidence that there is any benefit in the cold therapy units over cold packs. **The request for Coolcare Cold Therapy unit is not medically necessary and appropriate.**

3) Regarding the request for left de Quervain's cortisone injection under ultrasound guidance:

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 Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg 271 table 11-7 which is a part of MTUS.

The Expert Reviewer based his/her decision on Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg. 270-271, which is a part of MTUS, and Official Disability Guidelines, Forearm/Wrist/Hand Chapter which is not a part of MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines states, the majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. ODG guidelines recommend cortisone injections and states injection alone is the best therapeutic approach to de Quervain's. The medical records provided for review indicate the employee has left deQuervain's syndrome and is planning surgery for the right. The injection is in accordance with the guidelines, however, Ultrasound guidance is not yet the generally accepted standard of medical practice. There was no rationale provided to support ultrasound guidance. **The request for Left de Quervain's cortisone injection under ultrasound guidance is not medically necessary and appropriate.**

4) Regarding the request for post op physical therapy; twelve (12) sessions (3x4):

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 Post Surgical Treatment Guidelines which is a part of MTUS.

The Expert Reviewer based his/her decision on the Post Surgical Treatment Guidelines which is a part of MTUS.

Rationale for the Decision:

The MTUS Postsurgical treatment guidelines state "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section." And the general course of therapy for de Quervain's release is "Postsurgical treatment: 14 visits over 12 weeks" therefore, the initial course of treatment is 7 visits. The request for 12 sessions well exceed the MTUS postsurgical guidelines recommendations. **The request for Post-op physical therapy; twelve (12) sessions (3x4) 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

/hs

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.