

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/2/2013
Date of Injury:	4/7/2010
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009305

- 1) MAXIMUS Federal Services, Inc. has determined the request for **ultrasound guidance is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy for TOS is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **scapular brace is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 **ultrasound guidance is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy for TOS is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **scapular brace 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 Occupational Medicine, 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 represented [REDACTED] project manager who has filed a claim for shoulder pain/shoulder tendinitis/rotator cuff tear, cubital tunnel syndrome, and carpal tunnel syndrome reportedly associated with an industrial injury of April 7, 2010. Thus far, the patient has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; numerous interventional procedures, including scalene blocks, trigger point injections, etc.; transfer of care to and from various providers in various specialties; apparent imposition of permanent work restrictions; right shoulder arthroscopy on November 18, 2011; an MRI of the brachial plexus on July 16, 2013, notable for postsurgical changes to the shoulder with no evidence of extrinsic neurovascular compression; and electrodiagnostic testing of July 16, 2013, notable for evidence of chronic changes associated with median and ulnar neuropathy.

It does not appear that the patient has returned to work with work restrictions in place. The patient is apparently permitted to work only 5-1/2 hours per day. In a utilization review report of August 2, 2013, the claims administrator approved trigger point injections and denied request for a scapular brace and additional physical therapy. An earlier clinical progress note of July 23, 2013, is notable for comments that the applicant presents with ongoing upper extremity complaints.

The patient is given diagnoses of carpal tunnel syndrome, lesion of ulnar nerve, and myofascial pain with trigger points versus possible brachial plexitis. The patient is

asked to undergo ultrasound-guided trigger point injections and is given a scapular brace.

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 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 Chronic Pain Medical Treatment Guidelines, page 122, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004), Chapter 2, pages 174 – 175; and the Chronic Pain Medical Treatment Guidelines, page 122, which are part of the MTUS; and the ACOEM Third Edition, Shoulder, Diagnostic Recommendations, which is not part of the MTUS. Additionally, the Expert Reviewer cited the following article: Botwin KP, Sharma K, Saliba R, Patel BC. Ultrasound-guided trigger point injections in the cervicothoracic musculature: a new and unreported technique. Pain Physician. 2008 Nov-Dec;11(6):885-9, which is not part of the MTUS.

Rationale for the Decision:

In a 2008 article in Pain Physician, ultrasound-guided trigger point injections may help confirm proper needle placement within the cervicothoracic musculature and may potentially reduce the potential for a pneumothorax as a result of an improperly placed injection. It is noted that there is a paucity of data on this topic. For example, a search using the string "ultrasound-guidance trigger point injections" only yielded three results in the PubMed database. Per MTUS 9792.20.i, MEDLINE can be used to search for appropriate citations when the MTUS does not directly address the topic, as is the case here. **The request for ultrasound guidance is medically necessary and appropriate.**

2) Regarding the request for physical therapy for TOS:

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, pages 98 – 99, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 99, which is part of the MTUS.

Rationale for the Decision:

It is not clearly stated how much cumulative therapy the employee has had over the life of the claim, although it appears, per the prior utilization review report, that the employee has already had 18 sessions of treatment, in excess of the 8 to 10 sessions of treatment recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias and/or neuritis of various body parts. **The request for physical therapy for TOS is not medically necessary and appropriate.**

3) Regarding the request for scapular brace:

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

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) page 205, which is part of the MTUS, the following article: Ryan M. Martin and David E. Fish. Current Review of Musculoskeletal Medicine, March 2008; 1(1), pages 1–11, which is not part of the MTUS.

Rationale for the Decision:

As noted on page 205 of the MTUS-adopted ACOEM Guidelines in Chapter 9, maximizing activities is imperative once red flags have been rule out. In this case, the employee does not have a red flag diagnosis for which immobilization through a brace would be indicated or recommended. It is incidentally noted that the MTUS and ACOEM do not specifically address the topic of scapular braces for suspected thoracic outlet syndrome, as is present here. The scapular winging review article does suggest that there is a role for scapular braces/scapular bracing in those individuals with serratus anterior injury and/or lung nerve palsy. It is noted, however, the brace is poorly tolerated and sometimes leads to diminished functional recovery. In this case, as suggested by ACOEM, maximizing rather than minimizing activities is imperative. Diagnoses which have been postulated include ulnar neuropathy, carpal tunnel syndrome, possible brachial plexopathy, possible thoracic outlet syndrome, etc. Using a brace in the context of such lack of diagnostic clarity is not indicated. **The request for scapular brace is not medically necessary or 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.