

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	5/18/2007
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009613

- 1) MAXIMUS Federal Services, Inc. has determined the request for **8 acupuncture treatments is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **wrist splints is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **home hand therapy kit is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **MRI studies of both elbows is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **MRI studies of both wrists 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 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **8 acupuncture treatments** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **wrist splints** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **home hand therapy kit** is **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **MRI studies of both elbows** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **MRI studies of both wrists** 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 Orthopedic Surgery, and is licensed to practice in Connecticut, Pennsylvania, North Carolina. 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 52-year-old gentleman injured in a work-related accident on 5/18/07 while performing his normal and customary activities. He developed a spontaneous onset of burning of the hands and elbows bilaterally. A recent clinical report dated 8/20/13 indicated a chief complaint of bilateral wrist and elbow pain noted to be severe in nature. The claimant was status post bilateral carpal tunnel release procedures. Physical examination findings at that date demonstrated palpable tenderness to the elbows, wrists, and hands in a diffuse fashion but no other specific symptoms. There was no indication of mechanical symptoms or range of motion deficits. Diagnosis was sprains to the bilateral wrists and elbows. The recommendations were for a comprehensive chronic pain management program for treatment modalities as well as continuation of medications in the form of Tramadol, Ibuprofen, Norco, and topical cream as well as work restrictions, and a toxicology screen. Recent imaging included MRI scans performed bilaterally to the wrists on 8/12/13 that showed degenerative changes of the radiocarpal joint and tearing of the scapholunate ligament on the right, degenerative changes, and a tear to the TFCC and scapholunate ligament on the left. Clinical imaging in regard to the elbow was not documented. At present, there is a

request for an additional eight acupuncture treatments, wrist splinting, home hand therapy kit, MRIs of the bilateral elbows, and MRI scan of the bilateral wrists.

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 8 acupuncture treatments:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, pg.114 and pg.8, which are part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, pg.8, which are part of the MTUS.

Rationale for the Decision:

MTUS guidelines indicate that chronic pain for purposes of acupuncture, means that pain persists for at least 30 days beyond the usual course of an acute disease or a reasonable time for an injury to heal or that is associated with a chronic pathological process that causes continuous pain. Guidelines further indicate that the time to produce functional improvement is 3 to 6 treatments with an optimum duration of 1 to 2 months. In this case, based on the medical records submitted for review, the documentation fails to indicate the number of prior acupuncture sessions that have been utilized. Moreover, the request for eight treatments exceeds guideline criteria and is not medically indicated. **The request for 8 acupuncture treatments is not medically necessary and appropriate.**

2) Regarding the request for 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 11, which are part of the 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 Official Disability Guidelines, 18th Edition, 2013, updates section for forearm, wrist, hand procedure, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines criteria recommend splinting only for fracture treatment in post-operative settings. In this case, the documentation submitted for review does not show an acute indication for splinting in the chronic course of care that the employee has had. Moreover, the physical examination failed to demonstrate evidence of functional deficit or mechanical instability to warrant splinting. **The request for wrist splints is not medically necessary and appropriate.**

3) Regarding the request for home hand therapy kit:

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, 18th Edition, 2013, Knee Chapter, which is not part of the 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 Official Disability Guidelines, 18th Edition, 2013, shoulder procedure section, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines recommend exercise kits where home exercise programs are recommended. In this case, a home exercise program would be supported for the employee's bilateral chronic upper extremity complaints. **The request for home hand therapy kit is medically necessary and appropriate.**

4) Regarding the request for MRI studies of both elbows:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, pgs.601-2, which are part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, pgs.33-34, which are part of the MTUS.

Rationale for the Decision:

MTUS guideline criteria for ordering imaging studies are, the imaging study results will substantially change the treatment plan, emergence of a red flag and failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive

treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. In this case, the medical records submitted for review do not reveal examination findings that would warrant imaging at the present. There is no indication of mechanical symptoms, lack of mobility, or effusion to support the need at present. The specific request at this chronic stage of care would not be indicated. **The request for MRI studies of both elbows is not medically necessary and appropriate.**

5) Regarding the request for MRI studies of both wrists:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 11, which are part of the 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 Official Disability Guidelines, 18th Edition, 2013, updates section for forearm, wrist, hand procedure – MRI's, which is not part of the MTUS.

Rationale for the Decision:

Official Disability Guidelines, MRI scans are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the medical records submitted dated August 2013, which assessed the left and right wrists with MRI scan, indicates that this testing recently occurred. Thus, there would be no indication for further testing based on the employee's current examination findings and treatment to date. **The request for MRI studies of both wrists 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.