
Notice of Independent Medical Review Determination

Dated: 9/17/13

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

10/19/2011

7/16/2013

CM13-0001655

- 1) MAXIMUS Federal Services, Inc. has determined the request for extracorporeal shockwave treatment; three treatments per diagnosis (1 treatment every 2 weeks) right elbow, wrist and shoulder **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 extracorporeal shockwave treatment; three treatments per diagnosis (1 treatment every 2 weeks) right elbow, wrist and shoulder **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013

"Review of medical documentation identifies that the patient sustained an industrial injury on 10/19/11. Mechanism of injury occurred when employee he was talking to one of her coworkers. The employee started to sit down on an office chair and she slipped backwards. The arms of the chair were too close to each other not allowing her to sit. The chair slipped away from her, and she started falling. She held onto the chair with her right arm to avoid falling. The chair slammed against the desk and it jerked her body, she was able to avoid falling but experienced pain in the low back and knees and she twisted to the right in an upright manner."

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 for Independent Medical Review (dated 7/16/2013)
- Utilization Review from [REDACTED] (dated 7/3/2013)

NOTE: Medical Records were not received timely by the claims administrator

1) Regarding the request for extracorporeal shockwave treatment; three treatments per diagnosis (1 treatment every 2 weeks) right elbow, wrist and shoulder:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), pg. 235, as well as the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), pg. 203, which are a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 10/19/2011. No medical records were provided for review, but the utilization review determination from [REDACTED] indicates treatment has consisted of diagnostic studies, acupuncture, physical therapy and medication management. The request is for extracorporeal shockwave treatments per diagnosis (1 treatment every 2 weeks) to the right elbow, wrist, and shoulder.

MTUS ACOEM guidelines do not recommend extracorporeal shock wave treatment for the elbow. There is some evidence in the guidelines for extracorporeal shock wave treatment for calcifying tendinitis of the shoulder, but the only documentation available for review was the utilization determination which only notes tendinitis. There is no recommendation in ACOEM for shock wave treatment for the wrist. The request for extracorporeal shockwave treatment per diagnosis (1 treatment every 2 weeks) to the right elbow, wrist, and shoulder 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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.