
Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 7/11/2008
IMR Application Received: 7/26/2013
MAXIMUS Case Number: CM13-0003545

- 1) MAXIMUS Federal Services, Inc. has determined the request for three (3) extracorporeal shockwave treatments bilateral elbows - one (1) treatment every two (2) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 three (3) extracorporeal shockwave treatments bilateral elbows - one (1) treatment every two (2) weeks **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 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 June 24, 2013:

“The documentation submitted reflects that the claimant has ongoing symptoms in bilateral elbows. There are clinical deficits on examination including tenderness upon flexion and extension of elbow. Current request is extracorporeal shockwave treatment bilateral elbows 3 x (1 treatment every 2 weeks).”

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
- Utilization Review from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

Note: No medical records were received timely by the claims administrator.

- 1) **Regarding the request for three (3) extracorporeal shockwave treatments bilateral elbows - one (1) treatment every two (2) weeks:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Elbow Procedure Summary which is a medical treatment guideline which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator.

The Expert Reviewer based his/her decision on Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) pg. 29 which is part of the MTUS and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on July 11, 2008 resulting in injury to both elbows. No medical records were provided for review. The utilization review determination provided for review indicates a diagnosis of cervical spine sprain and strain, bilateral wrist trigger fingers, carpal tunnel syndrome, and cubital tunnel syndrome. Treatments have included physical therapy and chiropractic care. The request is for three (3) extracorporeal shockwave treatments bilateral elbows - one (1) treatment every two (2) weeks.

The MTUS ACOEM guidelines state that "quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown." As there is lack of documentation in the form of clinical notes from the provider and lack of support through guidelines, the request for three (3) extracorporeal shockwave treatments bilateral elbows - one (1) treatment every two (2) weeks **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

/slm

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.