

Case Number:	CM14-0079383		
Date Assigned:	07/18/2014	Date of Injury:	02/15/2011
Decision Date:	09/29/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41 year old male who was injured on 02/15/2011 when he fell while unloading a 50 lb box, striking his right knee against the front bumper of a truck then falling backwards on his back. Internal medicine note dated 01/15/2014 states the patient presented with complaints of occasional acid reflux, which he reports as stable. He stated his constipation has improved with medication but still notices bright red blood per rectum every two to three weeks. The patient has a diagnosis of gastritis, secondary to NSAIDS, history of rectal bleeding/proctitis-deferred to GI and constipation. The patient has been referred to a proctologist for GI condition. On 04/23/2014, the patient is seen for examination of the right shoulder, which revealed right over left abduction 134/180. He has soreness on both shoulders, left greater than right. His back flexion is 53 degrees; extension to 10 degrees. He is tender over the L1 through S1. He had EMG/NCS of bilateral upper extremities on 01/09/2014 revealed a normal study. He has a diagnosis of bilateral elbow lateral epicondylitis, tendinitis of both wrists; chronic tendinitis and impingement of both shoulders. The patient has been recommended for shockwave treatment for the shoulders, elbows and wrist as it has helped in the past.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Proctology consultation 2nd opinion QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: According to MTUS guidelines, providers may refer to specialist when a diagnosis is complex or care may benefit from additional expertise. In this case the patient has a history of bright red blood per rectum. Gastroenterology was previously consulted, and the patient was diagnosed with NSAID-induced gastritis. However, intermittent bleeding persists. Medical necessity is established for a proctology consultation.

Repeat electric shock wave treatment: shoulders, elbows and wrists QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC- ODG Treatment, Integrated Treatment/ Disability Duration Guidelines Elbow, Shoulder (Acute and Chronic) last updated 4/25/14, Extracorporeal shock wave therapy, Criteria for the use of Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: This is a request for electric shock wave treatment for the shoulders, elbows and wrists. However, according to the Official Disability Guidelines, extracorporeal shockwave therapy is not recommended for the elbows. According to MTUS and Official Disability Guidelines, it is not recommended for the shoulders other than for calcific tendinitis, which the patient does not have. Medical necessity is not established.