

Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 10/3/2011
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0010762

- 1) MAXIMUS Federal Services, Inc. has determined the request for **shockwave therapy 3 times to the right shoulder is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **shockwave therapy 3 times to the right 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.

Expert Reviewer Case Summary:

The patient is a 48 year old female who had a work injury on 10/3/2011, as she was pulling a dolly, a coworker pushed it . She moved quickly out of the way causing neck pain and pain into her right shoulder and arm. She was eventually diagnosed with cervical sprain, radiculopathy, right shoulder impingement, and rotator cuff injury. She had conservative care. The issue at hand is whether Shockwave Therapy x 4 to the right shoulder is medically necessary

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 shockwave therapy 3 times to the right shoulder:

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 Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Pages 555-556, which is part of MTUS, and the Official Disability Guidelines (ODG), Shoulder and Extracorporeal shock wave therapy (ESWT), which is not part of MTUS.

The Expert Reviewer based his/her decision on Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg. 203, which is a part of MTUS, and the Official Disability Guidelines, Extracorporeal Shock Wave Therapy (ESWT) Chapter, and Speed CA, Richards C, Nichols D, Burnet S, Wies JT, Humphreys H, Hazleman BL, "Extracorporeal shock-wave therapy for tendonitis of the rotator cuff. A double-blind, randomised, controlled trial", *J Bone Joint Surg Br* 2002 May;84(4):509-12, which are not a part of MTUS.

Rationale for the Decision:

The MTUS-ACOEM Guidelines indicate that some medium quality evidence supports manual physical therapy, ultrasound, and highenergy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The Official Disability Guidelines recommend Extracorporeal Shock Wave Therapy (ESWT) for calcifying tendinitis of the shoulder. Evidence bases research concludes that there is a significant and sustained placebo effect after moderate doses of ESWT in patients with non-calcific tendonitis of the rotator cuff, but there is no evidence of added benefit when compared with sham treatment. The medical records submitted and reviewed in this case do not provide documented evidence of calcification on imaging studies. **The request for Shockwave Therapy 3 times to the right 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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Oakland, CA 94612

/hs

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.