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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/20/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	8/7/2013
Date of Injury:	10/20/2011
IMR Application Received:	8/19/2013
MAXIMUS Case Number:	CM13-0012813

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]
/MCC

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

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

The patient is a 58-year-old female who reported an injury on 10/20/2011. The mechanism of injury was stated to be that the patient was reaching forward to open a closed door; and as she was reaching, a coworker on the other side of the door unexpectedly opened the door towards her. The patient was noted to have increasing pain in the left wrist. The patient was noted to have slight to moderate pain in the thenar eminence and moderate pain on palpation of the left thenar eminence. The patient was noted to have diffuse pain on palpation to the bilateral wrists, especially in the radiocarpal area. The patient's diagnoses were stated to be status post blunt trauma closed injury of the left thumb, neuropathy of the median nerve left carpal tunnel, neuropathy of the ulnar nerve left cubital tunnel and Guyon's canal, left intersection and DeQuervain's disease and chronic thumb pain. The recommendation was for Extracorporeal Shock Wave Therapy (ESWT.)

IMR DECISION(S) AND RATIONALE(S)

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

1. Extracorporeal Shock Wave Therapy (ESWT) is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Occupational Medical Practice Guidelines, Second Edition (2007), Chapter 10, page 29, which is part of the MTUS, and the Official Disability Guidelines section on Shoulder-Extracorporeal Shock Wave Therapy, which is not part of the MTUS.

The Physician 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 Physician Reviewer based his/her decision on Extracorporeal

Shockwave Therapy in Musculoskeletal Disorders, by Ching-Jen Wang, Journal of Orthopaedic Surgery and Research 7.1 (2012) pages 1-8.

The Physician Reviewer's decision rationale:

Per Ching-Jen Wang (2012), "The application of extracorporeal shockwave therapy in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports-related overuse tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or noncalcific tendonitis of the shoulder and patellar tendinopathy etc." It was noted that the employee had pain in the left wrist towards the thumb side, numbness of all fingers of the left hand, and pain in the left hand in all fingers. The employee was noted to have bending and tightness of the fingers of the left hand. The employee was noted to have weakness of the left hand and limited range of motion with the left wrist. Upon palpation, the employee was noted to have slight to moderate pain at the right thenar eminence and moderate pain of the left thenar eminence. There was noted to be diffuse pain on palpation at the bilateral wrists, especially the radiocarpal. The clinical documentation submitted for review failed to provide proof that the employee had a necessity for the requested therapy as the injury was not noted to be from overuse, but from a door hitting the employee's hand. Additionally, documentation provided for review failed to provide the duration of treatment. Per the literature ESWT is used for patients with overuse tendinopathies. **The request for Extracorporeal Shock Wave Therapy (ESWT) is not medically necessary and appropriate.**

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.

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