

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	8/14/2004
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-0001338

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 consultation with an ENT specialist is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 extracorporeal shockwave therapy for the right knee is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 orthopedic mattress is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 **1 consultation with an ENT specialist is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 extracorporeal shockwave therapy for the right knee is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 orthopedic mattress 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 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The employee is a 47 year old male with a date of injury of 8/14/2004. The employee reportedly fell from a five-foot ladder onto his right side striking his head and landing on a metal rebar that penetrated the chest wall. An x-ray showed a simple fracture of the 3rd rib with no evidence of hemothorax, pneumothorax or lung injury, although an infection did develop from this injury. In addition there was no significant head trauma as he was awake and alert. His current diagnoses which are attributed to this incident include abdominal pain, constipation, gastropathy, bright red blood per rectum, hypertension, hyperlipidemia, blurred vision, ear pain, sleep disorder, neurogenic bladder, erectile dysfunction, bilateral orchalgia, urge incontinence, lumbar spine strain with radiculopathy, status post right knee arthroscopic meniscectomy (2006), status post rib fracture (2004). Other significant medical history includes status post appendectomy (2003).

A PR-2 dated 10/25/2012 notes that the employee complains of "moderate-to-severe back pain with radiation to the right lower extremity...moderate right knee pain...chest pain, left ear pain, hypertension, stomach pain, and urological problems." Physical exam is notable for lumbar spine tenderness, spasm, restricted range of motion, and right knee tenderness with restricted range of motion.

A PR-2 dated 12/27/2012 notes that the employee reported "right knee gave way causing him to fall on left knee".

An operative report for EGD and Colonoscopy on 4/3/2013 notes the postoperative findings of diffuse esophagitis (██████████ grade B in the distal esophagus), multiple linear erosions, antral gastritis, and a small to medium polyp in the colon at 80 cm.

PR-2 dated 5/2/2013 with request for ENT consultation documents that the employee complains of tinnitus, and a request for ECSWT for bilateral knees at the quadriceps insertion with documented complaint of bilateral knee pain. Physical exam of bilateral knees notes tenderness to palpation without spasm and with restricted range of motion, with swelling and tenderness present in the bilateral quadriceps. Diagnoses include bilateral knee and quadriceps tendinosis. This progress report was not one of the medical records listed as reviewed by the claims administrator denying these requests.

PR-2 dated 5/30/2013 notes that the above requests are still pending, and also request the orthopedic bed/mattress. The exam notes tenderness to palpation with spasm and restricted range of motion in the lumbar spine, and bilateral knees are tender to palpation with full range of motion.

There is an extracorporeal shockwave procedure report dated 6/20/2013 for a third procedure. The indications on this report are that the employee underwent conservative care to the right knee including medications, physical and manipulating therapy, injections and still has significant residual symptoms.

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 1 consultation with an ENT specialist:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert 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 Expert Reviewer based his/her decision on Audiologic Guidelines for the Diagnosis & Management of Tinnitus Patients -

<http://www.audiology.org/resources/documentlibrary/Pages/TinnitusGuidelines.aspx#sthash.j5XvGWQ4.dpuf>

Flint: Cummings Otolaryngology: Head & Neck Surgery, 5th ed., 2010, Mosby, which is not part of the MTUS.

Rationale for the Decision:

The employee has documented in many clinical notes that there has been left ear pain, and then in the PR-2 dated 5/2/2013 the employee reports tinnitus. It should also be recognized that this employee is not English speaking, and there has been documentation of interpreters present at many visits. Tinnitus is not easily described by many employees, and when there are already multiple medical problems being addressed tinnitus and the perception of hearing loss may be easily missed. There also does not appear to be any documented evaluation for the ear pain that is documented on multiple occasions.

Per the Audiologic Guidelines for the Diagnosis & Management of Tinnitus Patients, "tinnitus refers to an auditory perception not produced by an external sound. It is commonly described as a "hissing, roaring, or ringing" and can range from high pitch to low pitch, consist of multiple tones, or sound like noise (having no tonal quality at all). It most often is constant, but can also be perceived as pulsed, or intermittent, and may begin suddenly, or may come on gradually. It can be sensed in one ear, both ears, or in the head....Tinnitus may cause or be associated with a wide range of problems including sleep difficulties, fatigue, stress, trouble relaxing, difficulty concentrating, depression, and irritability. As a result it can affect one's quality of life including social interactions and work."

Per the Audiologic Guidelines for the Diagnosis & Management of Tinnitus Employees, "...because tinnitus may be symptomatic of a treatable disease, referrals to physicians and other health care professionals are commonly indicated. Included among the professionals who may provide valuable services are specialists in otolaryngology, psychiatry, psychology, relaxation therapy, dental (temporomandibular joint dysfunction), and neurology."

According to Flint: Cummings Otolaryngology, "the two most common types of hearing loss associated with tinnitus are noise-induced hearing loss (NIHL) and presbycusis. NIHL is a significant and growing health problem." A consultation to for evaluation of tinnitus would include a hearing evaluation that does not appear to have been performed yet.

After a professional and thorough review of the documents, my analysis is that the request for ENT consultation is medically indicated. **The request for 1 ENT consultation is medically necessary and appropriate.**

2) Regarding the request for 1 extracorporeal shockwave therapy for the right knee:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert 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 Expert Reviewer based his/her decision on **the** American College of Occupational and Environmental Medicine guidelines 3rd Edition, which is not part of the MTUS.

Rationale for the Decision:

Per ACOEM Practice Guidelines, 3rd Edition, “extracorporeal shockwave treatment appeared to be more effective and safer than traditional conservative treatment in the management of patients with chronic patellar tendinopathy” (Wang, 2007). The specific diagnosis and goals from extracorporeal shockwave treatment are not specified well by the treating provider. Additionally, the employee has already received three treatments with no documentation provided that the treatments have provided any benefit. There is a lack of clinical evidence provided by the treating provider that extracorporeal shockwave treatment has been of benefit to the employee thus far, nor any indication that it will be of benefit in the future with further treatments. After a professional and thorough review of the documents, my analysis is that the request for extracorporeal shockwave therapy for right knee is not medically indicated. **The request for 1 extracorporeal shockwave therapy is not medically necessary and appropriate.**

3) Regarding the request for 1 orthopedic mattress:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, updated version 2007, which is not part of the MTUS.

Rationale for the Decision:

According to ACOEM Practice Guidelines, 2nd Edition, updated version (2007), “there are no quality studies evaluating sleep posture or the use of specific commercial products (e.g., pillows, mattresses, etc.) to prevent or treat low back or chronic pain.” Furthermore, the primary treating physician does not explain why an orthopedic mattress is necessary for the employee. After a professional and thorough review of the documents, my analysis is that the request for orthopedic mattress is not medically indicated. **The request for 1 orthopedic mattress 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
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.