

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 10/15/2012
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004040

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of the cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for right elbow lateral epicondyle extracorporeal shockwave therapy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 MRI of the cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for right elbow lateral epicondyle extracorporeal shockwave therapy **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 Orthopaedic 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 July 5, 2013:

CLINICAL SUMMARY: [REDACTED], a 38 year old [REDACTED] female Program Technician with a date of injury of 10/15/13. The carrier has accepted Finger(S)Right Hand, Right Elbow, Right Lower Arm, Right Shoulder, Right Wrist and Hand. Injured while moving medium to heavy boxes with files. Modified duty.

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, employee/employee, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI of the cervical spine:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back, Chapter 8, pg. 182, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee reported an injury to her right arm on 10/15/2012. Treatment to date has included electrodiagnostic studies, chiropractic manipulation therapy and medication. The request is for a MRI of the cervical spine.

The ACOEM guidelines recommend imaging studies when there is physiological evidence in the form of definitive neurological findings on physical exam, electrodiagnostic studies, laboratory testing or bone scans and unequivocal findings that identify specific nerve compromise on neurological exam are sufficient evidence to warrant imaging studies if symptoms persist. Medical records submitted and reviewed indicate the employee does not have any findings of sensory or motor deficits or decreased reflexes on physical examination and is noted to have a normal electrodiagnostic study. The requested cervical MRI does not meet guideline criteria. The request for a MRI of the cervical spine **is not medically necessary and appropriate.**

2) Regarding the request for right elbow lateral epicondyle extracorporeal shockwave therapy:

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 Blue Cross Blue Shield (2004). The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Elbow Chapter (2007 Revision), Lateral Epicondylalgia, pages 33-40, which are part of the MTUS.

Rationale for the Decision:

The employee reported an injury to her right arm on 10/15/2012. Treatment to date has included electrodiagnostic studies, chiropractic manipulation therapy and medication. The request is for right elbow lateral epicondyle extracorporeal shockwave therapy.

The California MTUS states that extracorporeal shockwave therapy is not recommended. The employee is not reported to be utilizing NSAIDs or ice, to have used an orthotic, to have undergone active physical therapy specifically targeting the right elbow, or to have received cortisone injections and the guidelines do not recommend the use of extracorporeal shockwave therapy. The request is not supported by guidelines. The request for right elbow lateral

epicondyle extracorporeal shockwave therapy **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

/ldh

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.