

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	10/30/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004446

- 1) MAXIMUS Federal Services, Inc. has determined the request for shockwave therapy once a week for 3 weeks, bilateral hands **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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 once a week for 3 weeks, bilateral hands **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 Preventive Medicine and 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:

All 257 pages of medical, insurance, and administrative records provided were reviewed.

The claimant, Ms. [REDACTED], is a represented [REDACTED] employee, who has filed a claim for the right hand and right wrist as well as unspecified amounts of acupuncture; physical therapy; at least one lumbar epidural steroid injection, and unspecified amount of extracorporeal shockwave therapy. The patient has a diagnosis of low back pain reportedly associated with cumulative trauma at work.

Thus far, she has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; topical compounds; and extensive periods of time off of work.

The review of the record suggests that the applicant underwent at least three prior sessions of extracorporeal shockwave therapy, including most recently on April 29, 2013.

Prior progress notes from 1/18/13, 2/27/13, 5/24/13 and 6/10/13 suggest that the applicant remains off of work and on total temporary disability.

A handwritten progress note, that was difficult to follow, stated that the patient was notable for multifocal tenderness of the hand, low back and feet. The note indicated that the patient had extracorporeal shockwave therapy to the feet on 6/10/13. A request was submitted for the patient to pursue additional extracorporeal shockwave therapy (ESWT) for bilateral hands, while remaining off of work and on total temporary disability.

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 once a week for 3 weeks, bilateral hands:

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 Official Disability Guidelines (ODG), Elbow Chapter, Criteria for the use of Extracorporeal Shockwave Therapy (ESWT), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), Lateral Epicondylalgia, Physical Treatment Methods, Extracorporeal Shockwave Therapy, page 235, and the MTUS section 9792.20 (f), "Functional Improvement", which are part of the MTUS.

Rationale for the Decision:

The employee has had prior unspecified amounts of extracorporeal shockwave therapy (ESWT) over the life of the claim. The MTUS does not specifically address the topic of extracorporeal shockwave therapy for the hands; however, the MTUS does discuss the topic of extracorporeal shockwave therapy for a proximate body part, the elbow. As noted in the ACOEM guidelines for the elbow, extracorporeal shockwave therapy is strongly not recommended. There is lack of sufficient evidence in the medical records to support that the employee has had functional improvement following the completion of the prior ESTW therapy. The records indicate the employee is highly reliant on various forms of medical treatment, including medications, topical compounds, physical therapy and acupuncture, the employee remains off of work, and is still on total temporary disability. **The request for shockwave therapy once a week for 3 weeks, bilateral hands 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

/db

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.