

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: 11/7/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/25/2013 |
| Date of Injury: | 9/23/2010 |
| IMR Application Received: | 8/2/2013 |
| MAXIMUS Case Number: | CM13-0005293 |

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **3 shockwave therapy sessions 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 medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED], is a represented former [REDACTED] [REDACTED] who has filed a claim for chronic bilateral knee and left elbow pain reportedly associated with an industrial injury of September 23, 2010. She also filed claims for derivative psychological stress, hypertension, and hypothyroidism.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; knee partial medial meniscectomy; an MRI of left elbow of May 13, 2013, notable for lateral epicondylitis and mild medial epicondylitis; and extensive periods of time off of work, on total temporary disability.

In a letter of June 7, 2013 and a progress note of June 6, 2013, the attending provider states that he is trying to obtain extracorporeal shockwave therapy for the claimant's lateral epicondylitis so as to avoid surgical intervention. Said progress note of June 6, 2013, is notable comments that the applicant remains off of work, on total temporary disability and continues to have persistent medial and lateral elbow pain.

In a utilization review report of July 26, 2013, extracorporeal shockwave therapy for the elbow is denied, citing ACOEM.

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 3 shockwave therapy sessions: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, (2007), Elbow Complaints, Chapter 10, pg. 29, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007), Elbow Disorders, Extracorporeal Shockwave Therapy, Chapter 10, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ACOEM guidelines indicate extracorporeal shockwave therapy is strongly not recommended. No compelling rationale has been attached to the request for authorization so as to try and override the strongly unfavorable ACOEM recommendation. **The request for 3 shockwave therapy sessions 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.