

Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

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|---|--------------|------------------------------|------------|
| IMR Case Number: | CM13-0024206 | Date of Injury: | 09/05/2012 |
| Claims Number: | [REDACTED] | UR Denial Date: | 09/04/2013 |
| Priority: | STANDARD | Application Received: | 09/13/2013 |
| Employee Name: | [REDACTED] | | |
| Provider Name: | [REDACTED] | | |
| Treatment(s) in Dispute Listed on IMR Application: | | | |
| PLEASE SEE ATTACHMENT PAGE 2 | | | |

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]

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 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 5, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; MRI imaging of the injured soldier of June 26, 2013, notable for acromioclavicular arthritis, supraspinatus tendinosis, and infraspinatus tendinitis, and a small rotator cuff interval tear; unremarkable hip MRI of July 25, 2013; five to six sessions of extracorporeal shock wave therapy for the neck and shoulder; and work restriction. It does not appear that the applicant has returned to work with limitations in place, however.

In a utilization review report of September 13, 2013, the claims administrator denied a request for extracorporeal shock wave therapy. The applicant's attorney later appealed, on September 11, 2013. Earlier procedure notes are reviewed in which the applicant undergoes extracorporeal shock wave therapy for the cervical spine and/or shoulder, throughout May 2013.

Also reviewed is a clinical progress note of May 8, 2013, handwritten, not entirely legible, in which the applicant reports multifocal shoulder, wrist, hand, neck, back, and low back pain, collectively scored at 7/10. The applicant is awaiting MRIs, it is stated. The applicant's physical exam is unchanged. The applicant is given a rather proscriptive 15-pound lifting limitation and asked to pursue extracorporeal shock wave

IMR DECISION(S) AND RATIONALE(S)

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

1. Retrospective review for shockwave therapy is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Duration Guidelines, Treatment in Workers Compensation, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), as well as the Chronic Pain Medical Treatment Guidelines, page 123, which are part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the MTUS-adopted ACOEM guidelines in chapter 9, extracorporeal shock wave therapy is endorsed in the treatment of calcifying tendinitis of the shoulder. In this case, however, there is no radiographic evidence of calcifying tendinitis of the shoulder for which extracorporeal shock wave therapy would be indicated. A recent shoulder MRI of July 26, 2013 did demonstrate supraspinatus tendinitis; however, there is no specific mention of calcifying tendinitis or calcific deposits for which extracorporeal shock wave therapy would be indicated. Similarly, the MTUS-adopted ACOEM Guidelines in chapter 8 note that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as ultrasound. Extracorporeal shock wave therapy represents a form of ultrasound. The request for retrospective review for shockwave therapy is not medically necessary or 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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CM13-0024206