

Case Number:	CM13-0018865		
Date Assigned:	04/25/2014	Date of Injury:	02/11/2013
Decision Date:	10/23/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50 year old male with a date of injury on 2/11/2013. Diagnoses include cervical sprain, right shoulder impingement, bilateral carpal tunnel syndrome and elbow sprain/strain. Subjective complaints are of pain in the neck, right shoulder, elbow and forearm. There were also complaints of bilateral hand pain with numbness and tingling. Physical exam shows tenderness over all affected joints and all provocative maneuvers were documented as positive. Prior treatment includes work restrictions, medication, physical therapy, and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Elbow and Lumbar spine chapters, Extracorporeal Shockwave therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SHOULDER, ELBOW, EXTRACORPOREAL SHOCKWAVE THERAPY

Decision rationale: ACOEM guidelines suggest that there are quality studies for acute, subacute and chronic lateral epicondylitis that demonstrate no benefit from extracorporeal shockwave

therapy (ESWT). The ODG recommends ESWT for patients whose pain is from calcifying tendinitis of the shoulder that has remained despite six months of standard treatment. Also, at least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, or f. Injections (Cortisone). ODG also recommends the maximum number of visits is 3 over 3 weeks. Documentation does not show evidence of diagnoses that would support ESWT. Therefore, the medical necessity of Extracorporeal Shockwave Therapy is not medically necessary.