

Case Number:	CM13-0021876		
Date Assigned:	11/13/2013	Date of Injury:	11/24/1999
Decision Date:	02/12/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation 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. 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 51-year-old male who reported an injury on 11/24/1999. The patient was diagnosed as status post left shoulder arthroscopic surgery with subacromial decompression, myoligamentous sprain/strain of the cervical and lumbar spine, DeQuervain's tendonitis, left carpal tunnel syndrome, left lower extremity radiculitis, lumbar spine herniated nucleus pulposus, left shoulder impingement syndrome, acromioclavicular joint hypertrophy, small capsular tear with tendinosis, right wrist sprain/strain and cervical spine myofascial pain syndrome. The patient was seen by [REDACTED] on 07/09/2013. The patient reported 7/10 neck pain, 6/10 low back pain, 5/10 left shoulder pain and 6/10 bilateral wrist pain with weakness, numbness and tingling. Physical examination revealed 2+ trigger points in the cervical spine, diminished range of motion of the lumbar spine, positive straight leg raise and Kemp's testing bilaterally, weakness in the bilateral EHL muscle groups, diminished sensation at the L5 dermatome and a slow and guarded gait. Treatment recommendations included shockwave therapy to the cervical spine for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the cervical spine, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck

and Upper Back Section, and [https://www.acoempracguides.org/Cervical and Thoracic Spine: Table 2, Summary of Recommendations. Cervical and Thoracic Spine Disorders.](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine%20Disorders)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Extracorporeal shock wave therapy (ESWT)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. The Official Disability Guidelines state that extracorporeal shockwave therapy is currently under study for patellar tendinopathy and long bone hypertrophic nonunions. There were no recommendations for extracorporeal shockwave therapy for the patient's chronic cervical pain condition. The medical necessity for the requested service has not been established. The patient's latest physical examination of the cervical spine only revealed 2+ trigger points. Based on the clinical information received, the request is non-certified.