

Case Number:	CM13-0026043		
Date Assigned:	11/22/2013	Date of Injury:	07/13/2009
Decision Date:	02/20/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

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 and Rehabilitation, and Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 35-year-old male who reported a work related injury on 7/13/09 as a result of strain to the right shoulder and lumbar spine. The patient currently presents for treatment of right shoulder tendinitis, right shoulder osteoarthritis, and lumbar herniated nucleus pulposus. The clinical note dated 7/20/13 reports the patient was seen under the care of [REDACTED] for his continued pain complaints. The patient rates his pain at a 7-8/10. Upon physical exam of the patient's right shoulder, range of motion upon flexion was 160 degrees, extension 30 degrees, abduction 160 degrees, adduction 0 degrees, external rotation 45 degrees, and internal rotation 55 degrees. The provider documents motor strength to the right upper extremity was slightly decreased. Range of motion of the lumbar spine was noted to be within normal limits. Motor strength throughout the bilateral lower extremities was 5/5. The provider documented multiple requests for the patient's current clinical picture, to include continuation of shockwave therapy, three treatments for the right shoulder and six treatments for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for six sessions of shockwave therapy for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Clinical notes did not evidence how many sessions of shockwave therapy the patient had attended to date for his specific lumbar spine pain complaints. In addition, the clinical notes lacked significant objective findings of symptomatology about the lumbar spine to support continued shockwave therapy. The patient had full range of motion of the lumbar spine and 5/5 motor strength noted throughout the bilateral lower extremities. The Official Disability Guidelines do not recommend shockwave therapy. The available evidence does not support the effectiveness of ultrasound or shockwave for treating low back pain. Given all of the above, the request is not medically necessary or appropriate.