MAXIMUS Federal Services

Case Number:	CM13-0030767		
Date Assigned:	11/27/2013	Date of Injury:	06/03/2013
Decision Date:	03/18/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 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.

CLINICAL CASE SUMMARY

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

Patient is a 42 year old female with date of cumulative injury from 11/1998 to 6/3/2013. Patient has been having symptoms of gradual onset pain in neck, bilateral shoulders, bilateral wrists, bilateral elbows, mid and low back due to the repetitive nature of her daily work. Patient has diagnoses of cervical sprain, cervical radiculopathy, thoracic spine sprain, right shoulder internal derangement, bilateral shoulder impingement syndrome, bilateral tennis elbow, bilateral wrist carpal tunnel syndrome, lumbar spine sprain, lumbar radiculopathy, and anxiety disorder. Subjective complaints are burning radicular neck pain, burning bilateral shoulder pain with radiation to fingers, burning elbow pain and muscle spasm, and burning radicular mid and low back pain with muscle spasm. Physical exam tenderness to cervical tenderness with positive cervical compression, tenderness to bilateral shoulders, tenderness over lateral epicondyle, and tender carpal tunnel with diminished sensation over C5-T1 dermatomes. Patient also has tenderness over thoracic and lumbar spine with slight decrease in sensation at L4-S1 dermatomes bilaterally. Previous treatments have included medication, physical therapy and acupuncture, and shockwave therapy. The submitted documentation does not mention the amount of previous shockwave therapy or any evidence of pain relief or functional improvement from any treatment measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Shockwave therapy 3 visit to elbow, neck, shoulder, upper back area and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SHOULDER, ESWT

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). 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, e. Injections (Cortisone). ODG also recommends the maximum number of visits is 3 over 3 weeks. Documentation does not demonstrate the amount of previous ESWT, or the amount of pain relief or functional improvement from prior conservative treatments. For these reasons, the medical necessity of extracorporeal shockwave therapy is not established.

Decision for Shockwave therapy 6 visit to lumbar and sacral vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SHOULDER, ESWT

Decision rationale: The CA MTUS guidelines and the ODG only recommend the use of shockwave therapy for treatment in regards to shoulder, elbow, or feet. Guidelines do not suggest shockwave therapy for the lumbar spine. Also, the submitted documentation indicates previous shockwave therapy and does not mention the amount of sessions or any evidence of pain relief or functional improvement from this treatment measure. Therefore, the medical necessity of shockwave therapy is not established.