

<b>Case Number:</b>	CM13-0032648		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/05/2003
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Orthopedic Surgery, 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:

This 71 year old male claimant has been diagnosed with lumbar strain and left shoulder impingement syndrome. Date of injury was 2003. [REDACTED] evaluated the claimant in July 2013 for complaints of bilateral knees, lower back and left shoulder pain. The claimant reported treating with pain management, psyche, urology and a weight loss program within the past month. Examination revealed restricted motion of the lumbar spine, weakness with the left knee extensors. Diagnoses were status post right knee surgery 06/26/05, status post left shoulder surgery 05/18/05, status post left knee surgeries 04/19/06 and 09/29/08, lumbar strain and status post right knee replacement on 08/07/07. [REDACTED] recommended a referral to internal medicine, pain medication, refer to psyche, orthopedic and urology and weight reduction. Review of the records documented the claimant was 258 pounds and was 5'7 inches tall. He has been treated with physical therapy in the past. The claimant has reported shortness of breath and difficulty climbing stairs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for L/S shockwave:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter: low back, Shock wave treatment.

**Decision rationale:** The requested lumbar shockwave treatment cannot be recommended as medically necessary. Official Disability Guidelines does not support the use of ultrasound or shock wave treatment for lower back pain. There are no peer reviewed scientific studies that prove the efficacy of this treatment. It is not clear why this treatment has been recommended as "at best" it can be regarding only as experimental, and it is certainly not supported by Evidence Based Guidelines.

**request for Chiropractic treatment 2x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 58-59.

**Decision rationale:** The requested chiropractic treatment cannot be recommended as medically necessary at this time. The patient's date of injury is remote and is noted as 03/13/03. The records suggest that the patient had previous recommendations for therapy and chiropractic care in the past. The extent of prior chiropractic treatment and the response to such treatment is unknown. Accordingly, an additional 12 sessions of chiropractic treatment cannot be recommended as medically necessary based on the information reviewed.

**request for Consultation with Internal Medicine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, Page 127, Online Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The requested internal medicine consult may be reasonable based on relatively recent records documenting complaints of shortness of breath and chest pain with ascending stairs. Further evaluation of these complaints with an internist may be reasonable.