

Case Number:	CM13-0034252		
Date Assigned:	12/06/2013	Date of Injury:	09/03/2009
Decision Date:	05/06/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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:

This is a 48-year-old female who was injured in a work-related accident on 9/3/09 when she lost her balance and fell and injured her low back. Recent clinical records available for review in this case include an 8/6/13 progress report indicating a diagnosis of left trapezial pain and myofascial pain syndrome. It states that the claimant has undergone a significant course of conservative care including medications, physical therapy, manipulative procedures, and injections and continues to remain symptomatic. The recommendations at that time were for biofeedback techniques as well as electrocorporeal shockwave therapy. Recent clinical imaging or documentation of other forms of physical examination findings were not noted. At present, there is a retrospective request for the use of the electrocorporeal shockwave therapy to the claimant's trapezius dated 8/6/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR EXTRACORPOREAL SHOCKWAVE TREATMENT #1 DOS 8/6/13: 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) Treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT)

Decision rationale: California ACOEM Guidelines and MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of electrocorporeal shockwave therapy is only indicated for the upper extremity or upper back diagnosis of calcifying tendinosis to the shoulder. At present, there is no clinical indication for the role of this form of modality in the setting of trapezial issues or pain. The specific role for the above modality at an 8/6/13 assessment would not be indicated as medically necessary.