

Case Number:	CM13-0035393		
Date Assigned:	12/13/2013	Date of Injury:	01/14/2008
Decision Date:	02/04/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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, has a subspecialty in Pain Management 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 55-year-old male with a date of injury of 1/14/08. A utilization review determination dated 10/2/13 recommends, noncertification of extracorporeal shockwave treatment (ESWT) shockwave procedure and "2 special reports." A procedure report dated 9/6/13 identifies the procedure performed as extra corporeal shockwave procedure. The diagnosis states "impingement syndrome/tendinopathy." The note states, "patient has undergone conservative care to the left shoulder region including but not limited to medications, physical and manipulating therapy, injections, and still has significant residual symptoms." The note also states, "this is the second ESWT procedure for this patient." A procedure report dated 8/22/13 identifies that extracorporeal shockwave therapy was performed on that date for "impingement syndrome/tendinopathy." The note states, "patient has undergone conservative care to the left shoulder region including but not limited to medications, physical and manipulating therapy, injections and still has significant residual symptoms." A progress report dated 8/20/13 identifies ESWT was performed for the right shoulder. A progress report dated 8/1/13 includes a summary of medical records. A pain management consultation dated 7/24/13 states, "the patient states he received physical therapy and that it was not helpful. He states he received medications and that they were helpful." The note goes on to state, "the patient states he received physiotherapy and that it was helpful. He states he received medications and that they were helpful." Present complaints include, "constant pain in his neck traveling to his bilateral upper extremities entirely to the hands including the fingers which he described as aching, shooting, burning, and numb." The note also states, "the patient states that he has been receiving acupuncture once per week and it has been helpful. The patient states that he has been using interferential unit and it has been helpful. The patient

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ESWT, Shockwave procedure: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter Extracorporeal shock wave therapy (ESWT), which is not part of the MTUS.

Decision rationale: MTUS guidelines indicate that extracorporeal shockwave therapy may be indicated for calcified tendinitis of the shoulder. In addition, ODG guidelines states that ESWT is indicated for patients with pain from calcified tendinitis of the shoulder after 6 months of conservative care including at least three of the following: rest, ice, NSAIDs, orthotic, physical therapy, and/or injection. ODG further states that extracorporeal shock wave therapy is contraindicated in pregnant women, patients under 18 years of age, patients with clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, nerve damage, patients with cardiac pacemakers, patients who have received occupational therapy within the past 4 weeks, patients who received a local steroid injection within the past 6 weeks, patients with bilateral pain, and patients who have had a previous surgery for this condition. In this case, the records submitted for review do not document that the patient has a diagnosis of calcified tendinitis. Additionally, the patient has cervical compression which is a contraindication to extracorporeal shockwave therapy, according to ODG guidelines. The request for 1 ESWT, Shockwave procedure is not medically necessary and appropriate.

2 special reports: 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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, pg 127. which are part of the California Medical Treatment Utilization Schedule (

Decision rationale: MTUS guidelines do not contain criteria for the issuance of a report. Guidelines do support the use of consultation, and thoroughly evaluating a patient's history and physical prior to making treatment recommendations. In this case, the medical records submitted for review indicate that the patient was seen on 7/24/13, however no medical records were available for review at that time. Thus, the requesting physician reviewed the patient's medical records on 8/1/13. Although it is reasonable to review the patient's medical records and issue a special report in conjunction with an initial consultation, however, in this case there is no statement indicating the rationale as to why the two special reports are necessary. In the absence

of the rationale as to why the request for 2 special reports are necessary, the request is not medically necessary. The request for 2 special reports is not medically necessary and appropriate.