

Case Number:	CM13-0046338		
Date Assigned:	12/27/2013	Date of Injury:	01/31/2009
Decision Date:	03/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Practice 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 51 year old female who reported an injury on 06/12/2009. The patient is currently diagnosed as status post right shoulder surgery, status post multiple lumbar spine surgeries, and failed back surgery syndrome. The patient was seen on 08/09/2013. The patient reported ongoing pain and frustration. Physical examination revealed pain and tenderness over the AC joint, as well as the anterior and lateral deltoid on the right, diminished range of motion, positive impingement maneuver, positive Neer's sign, positive O'Brien's maneuver, pain and tenderness throughout the paralumbar musculature, decreased range of motion, and positive straight leg rising bilaterally. Treatment recommendations included continuation of extracorporeal shockwave therapy and continuation of daily stretches and exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 4 weeks or the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, there is no evidence of a cervical spine physical examination. Documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine was not provided. The patient currently maintains diagnoses of status post right shoulder surgery, status post multiple lumbar spine surgeries, and failed lumbar spine surgery. The medical necessity for the requested physical therapy treatment has not been established. As such, the request is non-certified.

Continue and finish out he extracorporeal shockwave therapy of the lumbar spine as scheduled: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. Official Disability Guidelines do not address extracorporeal shockwave therapy for the lumbar spine. Extracorporeal shockwave therapy is currently under study for patellar tendinopathy and long bone hypertrophic non-unions. As per the documentation submitted, the patient has continuously participated in extracorporeal shockwave therapy for the lumbar spine. Despite ongoing treatment, the patient continues to report persistent pain and frustration. The patient continues to demonstrate tenderness to palpation and significantly diminished range of motion with positive straight leg rising bilaterally. Documentation of the previous course of treatment with objective measurable improvement was not provided. Based on the clinical information received, the request is non-certified.