

Case Number:	CM13-0049572		
Date Assigned:	07/02/2014	Date of Injury:	03/02/2013
Decision Date:	07/31/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 03/02/2013. The primary diagnosis reported lumbago. The request for authorization of 09/26/2013 for extracorporeal shockwave therapy refers to an extracorporeal shockwave procedure report of 09/16/2013, which appears to be a general document providing a general description of this procedure, though not specific to this particular patient. The procedure note itself is blank in the area which describes the anatomic location where shockwave was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY 1 X 3-6 WEEKS: 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 Official Disability Guidelines (ODG), Shockwave.

Decision rationale: The Official Disability Guidelines/Treatment in Workers Compensation does discuss shockwave with respect to specific body parts; however; in this case, the procedure note for the treatment in question is incomplete and does not clearly describe the area to which this treatment was performed. It is not possible to apply a guideline in this situation. Assuming

the area treated was the lumbar spine as described on the application for an independent medical review, the Official Disability Guidelines/Treatment in Workers Compensation does not support the use of extracorporeal shockwave therapy to the lumbar spine. At this time the clinical information provided is very limited. As such, the request is not medically necessary.