

Case Number:	CM13-0050987		
Date Assigned:	12/27/2013	Date of Injury:	01/26/2011
Decision Date:	03/07/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/13/2013

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 43-year-old female who reported an injury on 01/26/2011. The mechanism of injury was stated to be that the patient was in the process of lifting a bucket of water of approximately 45 pounds and was about to pour the water into a pot when she felt a sharp pull on the left shoulder; and as a result, the patient dropped the bucket, and it fell inside the pot. The patient was noted to have burning radicular neck pain and muscle spasms, constant, moderate to severe with a VAS score of 6/10 to 7/10. The pain was noted to radiate to the bilateral upper extremities, associated with numbness and tingling. The patient was noted to have a burning left shoulder pain of an 8/10 that was constant and moderate to severe. The patient was noted to have burning radicular low back pain and muscle spasms of a 7/10 that were constant and moderate to severe. The patient was noted to have associated numbness and tingling of the bilateral lower extremities. The patient's diagnoses were noted to include cervicgia, cervical spine HNP, cervical radiculopathy, left shoulder internal derangement, lumbago, lumbar spine degenerative disc disease and lumbar radiculopathy. The request was made for 9 shockwave therapy treatments, 6 for the cervical and lumbar spines and 3 for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nine (9) shockwave therapy treatment, 6 for cervical and lumbar spine and 3 for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), does not address ESWT for the cervical or lumbar spine, Shoulder Chapter, Extracorporeal Shockwave Therapy; and Wang, Ching-Jen. "Extracorporeal shockwave therapy in musculoskeletal disorders." Journal of Orthopaedic surgery a

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines indicate that some medium quality evidence supports manual physical therapy, including extracorporeal shockwave therapy for calcifying tendonitis of the shoulder. There was a lack of documentation indicating that the patient had calcifying tendonitis. As such, the request for extracorporeal shockwave therapy for the shoulder would not be indicated. As the California MTUS, ACOEM and the ODG do not address extracorporeal shockwave therapy for the lumbar spine nor the cervical spine, additional guidelines were sought. Per Wang, Ching-Jen (2012), "The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related over-use tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or non-calcific tendonitis of the shoulder and patellar tendinopathy etc." The physical examination revealed the patient had tenderness of the paraspinals and the left occiput, and the patient had a positive Spurling's test bilaterally. The patient was noted to have tenderness at the AC joint and a positive Neer's and drop arm test. The patient was noted to have decreased sensation over the C5-T1 bilaterally. Motor strength was noted to be decreased in the bilateral upper extremities. The patient was noted to be unable to squat. The lumbar spine examination revealed that the patient had tenderness at the paraspinals and lumbosacral junctions as well as decreased range of motion, and the tripod and flip were positive bilaterally. The patient was noted to have decreased sensation over the L4, L5 and S1 dermatomes bilaterally. The patient's motor strength was noted to be decreased in the bilateral lower extremities. The clinical documentation submitted for review failed to provide documentation of the rationale for the requested service. Given the above, the request for 9 shockwave therapy treatments, 6 for the cervical and lumbar spines and 3 for the left shoulder, is not medically necessary.