

Case Number:	CM13-0051033		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2011
Decision Date:	04/24/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/29/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 63-year-old female who was injured on March 12, 2011. The patient continued to experience neck pain radiating into her bilateral upper extremities. Physical examination was notable for restricted range of motion to the right shoulder, mild motor weakness in the right deltoid, internal rotators, and external rotators, and normal sensory examination. Diagnoses included cervical spine myofascial pain syndrome and status post right shoulder arthroscopic surgery with rotator cuff repair, shock wave therapy, and distal clavicle resection. Treatment included aquatic therapy, medications and Lumbar Support. Request for authorization for shock wave therapy for the cervical spine was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCK WAVE THERAPY FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Lumbar & Thoracic, Shock Wave therapy.

Decision rationale: MTUS does not address this topic. Shock wave therapy is addressed in the Low Back section of ODG. Shock wave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The request is not medically necessary and appropriate.