

Case Number:	CM13-0051043		
Date Assigned:	02/07/2014	Date of Injury:	07/03/2008
Decision Date:	04/30/2014	UR Denial Date:	10/11/2013
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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 46-year-old female who reported an injury on 07/03/2008. The mechanism of injury was noted to be the patient was trying to lift a refrigerator. The patient's prior treatments included Acupuncture, ESWT, Physical Therapy, Medications and Trigger Point Injections. The documentation of 09/19/2013 was handwritten and difficult to read. The patient's diagnoses included unspecified thoracic lumbar neuritis and radiculitis, displaced lumbar intervertebral disc, and sprain/strain thoracic region. The request was made for ESWT for the thoracic spine, chiropractic treatment, acupuncture, and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY FOR THE BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wang, Ching-Jen. "Extracorporeal shockwave therapy in musculoskeletal disorders." Journal of orthopaedic surgery and research 7.1 (2012): 1-8

Decision rationale: 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 clinical documentation submitted for review indicated the request was for the thoracic spine. The request as submitted failed to indicate the quantity of sessions as well as the part of the back to be treated. There was a lack of documentation of exceptional factors to warrant non-adherence to peer-reviewed literature recommendations. Given the above, the request for Extracorporeal Shockwave Therapy for the Back is not medically necessary.