

Case Number:	CM13-0052202		
Date Assigned:	06/09/2014	Date of Injury:	10/12/2012
Decision Date:	07/31/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 10/12/2012. This patient is status post a cumulative trauma injury from October 2010 through October 2012. The reported diagnoses including cervical radiculopathy, bilateral shoulder impingement, bilateral wrist tendinitis, thoracic sprain, lumbosacral radiculopathy, bilateral ankle tendinitis, psychiatric complaints, and sleep issues. On 10/15/2013, the patient was seen in follow-up by the patient's treating physician regarding ongoing pain in the neck radiating to both upper extremities and tingling in both hands. The patient was diagnosed with cervical intervertebral disc displacement as well as lumbar radiculopathy and bilateral upper extremity radiculopathy, left greater than right. The patient was noted to additionally have a shoulder injury which initially had occurred when the patient transported a heavy client in a hospital bed and suffered a twisting injury. The treatment recommendations included extracorporeal shockwave therapy to the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy once per week for 4 week for bilateral shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal Shockwave Therapy.

Decision rationale: The California Medical Treatment Utilization Schedule does not directly discuss extracorporeal shockwave therapy. This treatment is discussed in the Official Disability Guidelines/Treatment in Workers Compensation/Shoulder, which notes regarding extracorporeal shockwave therapy that this treatment is recommended for calcifying tendinitis but not for other shoulder disorders. The medical records indicate that this patient has a multifactorial and multifocal pain syndrome. These records do not indicate that this patient meets the diagnostic criteria for extracorporeal shockwave therapy, nor do the medical records propose an alternate rationale for this request. Overall this request is not medically necessary.