

Case Number:	CM13-0055456		
Date Assigned:	04/16/2014	Date of Injury:	11/18/2011
Decision Date:	05/23/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 36-year-old male who reported injury on 11/18/2011. The mechanism of injury was not specifically stated. The documentation of 11/06/2013 was handwritten and difficult to read. The injured worker complained of pain in the neck of 4/10 and shoulder of 8/10. The diagnosis was cervical spine sprain/strain, bilateral shoulder sprain/strain. The request was made for ortho shockwave to cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Extracorporeal Shockwave Therapy in Musculoskeletal Disorders. Journal Of Orthopaedic Surgery and Research.

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 failed to provide documentation of exceptional factors. There was the lack of documentation indicating an objective physical examination to support the necessity for shockwave therapy. The physician documentation indicated the request was for shockwave therapy to the cervical spine and left shoulder. The request as submitted indicated the request was for shockwave therapy to the cervical spine. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for extracorporeal shockwave therapy to the cervical spine is not medically necessary.