

Case Number:	CM13-0061823		
Date Assigned:	12/30/2013	Date of Injury:	01/04/2008
Decision Date:	03/24/2014	UR Denial Date:	11/23/2013
Priority:	Standard	Application Received:	12/05/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, knee pain, anxiety, stress, myofascial pain syndrome, insomnia, low back pain, and hypertension reportedly associated with an industrial injury of January 4, 2008. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, unspecified amounts of acupuncture, unspecified amounts of physical therapy over the life of the claim, and extensive periods of time off work, on total temporary disability. In a utilization review report of November 23, 2013, the claims administrator denied a request for extracorporeal shockwave therapy to the cervical spine. The applicant's attorney subsequently appealed. In a December 5, 2013, progress note, the applicant's acupuncturist states that the applicant should remain off work, on total temporary disability, with diagnosis of rotator cuff syndrome, myofasciitis, anxiety, stress, insomnia, hypertension, neck pain, low back pain, knee pain, and shoulder pain. The applicant is status post shoulder arthroscopy, it is stated. In an appeal letter dated November 29, 2013, the treating acupuncturist sets forth an appeal for extracorporeal shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, cervical spine once a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Therapeutic Ultrasound Section Page(s): 123.

Decision rationale: While the California MTUS does not specifically address the topic of extracorporeal shockwave therapy for the cervical spine, the MTUS Guideline for a proximate body part, namely, the shoulder, in ACOEM Chapter 9, page 203, specifically states that medium quality evidence supports extracorporeal shockwave therapy for the diagnosis of calcifying tendinitis of the shoulder. In this case, however, the applicant does not specifically carry a diagnosis of calcifying tendinitis of the shoulder for which shockwave therapy would be indicated. It is further noted that extracorporeal shockwave therapy is considered a form of high-energy ultrasound treatment. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines states that therapeutic ultrasound is "not recommended" in the treatment of chronic pain, as is reportedly present here. It is noted that the attending provider has not furnished any applicant specific rationale or narrative to the request for authorization so as to try and offset the unfavorable guideline recommendations. Therefore, the request is not certified owing to the unfavorable MTUS and ACOEM recommendations.