

Case Number:	CM13-0064115		
Date Assigned:	01/03/2014	Date of Injury:	08/17/2012
Decision Date:	04/15/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 patient is a 35-year-old male who reported an injury on 08/17/2012, after 4 patio doors collapsed on him, which reportedly caused injury to the patient's left shoulder and low back. The patient's treatment history included medications and physical therapy. The patient's most recent clinical notes indicated that the patient had decreased lumbar range of motion secondary to pain with a positive straight leg raising test to the left. The patient's diagnoses included lumbar sprain/strain, lumbar disc protrusion, lumbar radiculopathy, left shoulder sprain/strain, and unspecified adjustment reaction. The patient's treatment plan included continuation of medications, shockwave therapy, and an interferential unit for the lumbar spine, a psychological evaluation, and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS EXTRACORPEAL SHOCKWAVE LITHOTRIPSY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Orthopedic 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 indicated the sound waves promote healing. However, there was a lack of documentation of exceptional factors to support the necessity for ESWT. There was a lack of a thorough objective physical examination. Given the above, the request for 6 sessions of extracorporeal shockwave lithotripsy for the lumbar spine is not medically necessary.