

Case Number:	CM13-0069416		
Date Assigned:	01/03/2014	Date of Injury:	04/27/2013
Decision Date:	04/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/20/2013

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 & 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 60-year-old male who reported an injury on 04/27/2013. The mechanism of injury involved a fall. The patient is diagnosed with blunt head trauma, headaches, cervicalgia, cervical radiculopathy, bilateral shoulder pain, bilateral elbow pain, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, chest pain, thoracic sprain, lumbago, lumbar radiculopathy, bilateral hip strain, bilateral knee pain, bilateral ankle pain, anxiety and mood disorder, sleep disorder, and stress. The patient was seen by [REDACTED] on 10/22/2013. The patient reported persistent pain over multiple areas of the body. Physical examination revealed tenderness to palpation with trigger points noted at the rhomboid muscles, decreased shoulder range of motion bilaterally, tenderness over bilateral medial and lateral epicondyles, tenderness at the carpal tunnel bilaterally, diminished sensation along the median nerve distribution with 4/5 strength, tenderness to palpation over the thoracic and lumbar spine, decreased lumbar range of motion, a mildly antalgic gait, decreased range of motion with tenderness to palpation of bilateral hips, tenderness over the medial and lateral joint line bilaterally, crepitus, and positive patellar grinding. Treatment recommendations included continuation of shockwave therapy for up to 3 treatments for bilateral elbows, ankles, cervical spine, thoracic spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 3 Sessions of Shockwave Therapy for the Bilateral shoulders, hips, knees, ankles, elbows and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 9 Shoulder Complaints Page(s): 201-205, 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Extracorporeal Shockwave Therapy and Elbow Chapter, Extracorporeal Shockwave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 201-205, 371. Decision based on Non-MTUS Citation ACOEM Guidelines, Elbow Disorders, page 30 and Official Disability Guidelines, Knee & Leg Chapter, Extracorporeal Shock Wave therapy

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is medium quality evidence to support manual physical therapy, ultrasound and high energy extracorporeal shockwave therapy for calcifying tendonitis of the shoulder. Limited evidence exists regarding extracorporeal shockwave therapy in treating plantar fasciitis to reduce pain and improve function. The patient does not maintain any of the above-mentioned diagnoses that would warrant the need for shockwave therapy to bilateral ankles and shoulders. Furthermore, the Official Disability Guidelines state extracorporeal shockwave therapy is currently under study for patellar tendinopathy and long bone hypertrophic non-unions. Extracorporeal shockwave therapy is not recommended for the elbow. There are no guideline recommendations for extracorporeal shockwave therapy for bilateral hips and wrists. As per the documentation submitted, the patient has previously participated in a course of extracorporeal shockwave therapy. However, there was no documentation of the previous course. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. Based on the clinical information received, the request for 3 Sessions of Shockwave Therapy for the bilateral shoulders, hips, knees, ankles, elbows and wrists is not medically necessary and appropriate.