

Case Number:	CM14-0001032		
Date Assigned:	01/22/2014	Date of Injury:	12/19/2011
Decision Date:	04/15/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/03/2014

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:

According to the records made available for review, this is a 40-year-old female with a 12/19/11 date of injury. At the time (11/21/13) of request for authorization for shockwave therapy 1 x 6, there is documentation of subjective (neck, low back, left shoulder, and left elbow pain) and objective (tenderness over the left shoulder, decreased left shoulder range of motion, positive impingement test, and positive Apley's Scratch test) findings, current diagnoses (shoulder sprain/strain, cervical brachial radiculitis, and elbow sprain/strain), and treatment to date (12/7/12 left shoulder arthroscopy/subacromial decompression/debridement, medications, physical therapy, acupuncture treatment, and at least 3 shockwave therapy treatments completed to date (with better range of motion and good analgesic effect).

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY 1X6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal Shock Wave Therapy

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of calcifying tendinitis of the shoulder, as a criterion necessary to support the medical necessity of extracorporeal shock wave therapy. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous shockwave therapy. ODG identifies documentation of pain from calcifying tendinitis of the shoulder that has remained despite six months of standard treatment; at least three conservative treatments have been performed prior to use of extracorporeal shock wave therapy (Rest, Ice, NSAIDs, Orthotics, Physical Therapy, Injections (Cortisone)); and absence of contraindications (Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition), as criteria necessary to support the medical necessity of extracorporeal shock wave therapy. Within the medical information available for review, there is documentation of diagnoses of shoulder sprain/strain, cervical brachial radiculitis, and elbow sprain/strain. In addition, there is documentation of at least 3 previous shockwave treatments completed to date; at least three conservative treatments (physical therapy, rest, and medications); and absence of contraindications. However, there is no documentation of pain from calcifying tendinitis of the shoulder that has remained despite six months of standard treatment. In addition, despite documentation of better range of motion and good analgesic effect with previous shockwave treatments, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous shockwave therapy. Therefore, based on guidelines and a review of the evidence, the request for shockwave therapy 1 x 6 is not medically necessary.