

Case Number:	CM14-0004213		
Date Assigned:	02/05/2014	Date of Injury:	10/08/2010
Decision Date:	07/15/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/10/2014

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 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 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 injured worker is a 46-year-old female who reported an injury on 10/08/2010 of an unknown mechanism. The injured worker underwent bilateral S1 joint injections with no improvement. On 12/06/2013 injured worker complained of bilateral hip pain that was worse on the left than the right. It was noted that her pain was at 5/10. It was noted the injured worker had completed chiropractic care and the injured worker stated it helped. On 12/06/2013 the physical examination had tenderness over the bilateral trochanteric bursa. It was noted the injured worker had a positive Patrick's Gaenslen's and Faber tests bilaterally. There was left hip pain on external rotation and a positive S1. The injured worker's flexion on the left and right hip was 120 degrees, extension 30 degrees, external rotation 40 degrees, adduction 20 degrees, abduction 40 degrees and internal rotation 30 degrees. The injured worker's diagnoses included S1 joint dysfunction, left worse than right, hip mild trochanteric bursitis, left worse than right, hip degenerative spurring, hip rectus femoris organ tendinosis/partial tear and hip minimal DJD and inferior SI joint spurring all bilateral of the hip. The injured worker had no medications listed on physical examination. The treatment plan included a decision for Extracorporeal Shock Wave Lithotripsy, 1 visit weekly for 4 weeks. The authorization was submitted on 12/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY, 1 VISIT WEEKLY FOR 4 WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <) Low Back - Lumbar & Thoracic (Acute & Chronic). Shock Wave Therapy.

Decision rationale: The request for Extracorporeal Shock Wave Lithotripsy, 1 visit weekly for 4 weeks is not medically necessary. The Official Disability Guidelines do not recommend Extracorporeal Shock Wave Lithotripsy if the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The injured worker's diagnoses included S1 joint dysfunction left worse than right, hip mild trochanteric bursitis, left worse than right, hip degenerative spurring, hip rectus femoris organ tendinosis/partial tear and hip minimal DJD and inferior SI joint spurring all bilateral of the hip. In addition, the request for Extracorporeal Shock Wave Lithotripsy, 1 visit weekly for 4 weeks did not specify the location where the shock wave is needed on the injured worker. Given the above, the request for Extracorporeal Shock Wave Lithotripsy, 1 visit weekly for 4 weeks is not medically necessary.