

Case Number:	CM14-0005762		
Date Assigned:	02/05/2014	Date of Injury:	08/06/1979
Decision Date:	06/13/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 53-year-old with a reported date of injury on August 6, 1979. The mechanism of injury was reported as repetitive movement. A cervical spine MRI dated September 5, 2013 revealed 1-2mm posterior disc bulge at C2-C3, a 1-2mm posterior disc bulge at C4-C5, a 3mm posterior disc bulge at C5-C6 and bilateral neural foramina narrowing at C6-C7 with a 3mm disc bulge. According to the documentation provided the injured worker has received physical therapy, acupuncture and chiropractic care. According to the clinical note dated October 14, 2013 the injured worker's cervical range of motion demonstrated flexion to 50 degrees, extension to 40 degrees and right rotation to 40 degrees. The injured worker's medication regimen included Topamax and Fentanyl. The request for authorization of 3 ortho shockwave sessions for the cervical region, twelve acupuncture visits and twelve sessions of chiropractic care was submitted on January 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE ORTHOPEDIC SHOCKWAVE SESSIONS FOR THE CERVICAL REGION:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: The Shoulder Complaints Chapter of the ACOEM Practice Guidelines state medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In addition the Official Disability Guidelines recommend extracorporeal shock wave therapy for calcifying tendinitis. In addition, shock wave therapy is contraindicated in injured worker's with cervical compression, arthritis of the spine or arm, or nerve damage. The guidelines recommend shockwave therapy for calcifying tendinitis of the shoulder. It did not appear the injured worker has a diagnosis of calcifying tendinitis of the shoulder; in addition, the request is for the cervical region. The requesting physician's rationale for the request was unclear. The request for three orthopedic shockwave sessions for the cervical region is not medically necessary or appropriate.