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| Case Number: | CM14-0101236 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 08/22/2012 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 06/25/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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 Geriatrics and is licensed to practice in New York. 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 58 year old man with a date of injury of 8/22/12. He was seen by his primary treating physician on 5/19/14 with complaints of worsening pain. His upper extremity exam showed decreased strength on the left with a positive Neer test, Impingement maneuver and Hawkins-Kennedy on the left shoulder. He had left anterior and lateral deltoid muscle spasm noted. Shoulder flexion and abduction were reduced. His cervical spine exam showed pain and paraspinal tenderness with painful range of motion. His lumbar spine exam showed pain and paraspinal tenderness with positive straight leg raise (left > right). His diagnoses were denervation of cervical intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, lumbar sprain and rotator cuff (capsule) sprain. At issue in this review is the request for Shockwave Therapy: Cervical, Thoracic, Lumbar, and Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy Cervical, Thoracic, Lumbar, Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: There is medium quality evidence to support extracorporeal shockwave therapy for only calcifying tendonitis of the shoulder. This injured worker has chronic shoulder and back pain but no radiographic or physical exam evidence of calcific tendonitis. The medical records do not substantiate medical necessity for extracorporeal shockwave therapy treatments for the shoulder or cervical, thoracic and lumbar spine. Therefore, this request is not medically necessary.