

Case Number:	CM14-0105413		
Date Assigned:	07/30/2014	Date of Injury:	08/13/2013
Decision Date:	10/16/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Pain Medicine, 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:

This is a patient with a date of injury of August 13, 2013. A utilization review determination dated June 23, 2014 recommends noncertification of extracorporeal shock wave therapy. A progress note dated July 18, 2014 identifies upper back pain that radiates into the shoulders. Physical examination reveals normal sensation and reflexes in the upper extremities with strength rated as 2+/5. Diagnoses include cervical sprain/strain, cervical disc protrusions, thoracic spine sprain/strain, thoracic multilevel disc protrusions, left supraspinatus tendinitis, and left subchondral cyst within the humeral head. The treatment plan recommends continuing chiropractic treatment and physiotherapy. Additionally, continued acupuncture is recommended. ESWT of the bilateral levator scapulae and a pain management consultation for consideration of injections is also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three extracorporeal shock wave therapy sessions to the bilateral levator scapulae: 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): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal Shockwave Therapy (ESWT)

Decision rationale: Regarding the request for extracorporeal shockwave therapy, Occupational Medicine Practice Guidelines support the use of extracorporeal shock wave therapy for calcified tendinitis of the shoulder. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcified tendinitis of the shoulder but not for other shouldered disorders. Within the documentation available for review, there is no identification of a diagnosis of calcified tendinitis. As such, the currently requested extracorporeal shock wave therapy is not medically necessary.