

Case Number:	CM14-0011677		
Date Assigned:	02/21/2014	Date of Injury:	03/15/2013
Decision Date:	08/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 46 year old male patient with a 3/15/13 date of injury. A 3/10/14 progress report indicates that the requested treatment is intended to primarily provide pain relief and alleviate discomfort to the patient. The patient has been experiencing multiple body pains, especially in the lower extremities. In this patient's case, calcific tendinitis is among the multiple causes of his unrelenting symptoms. The requesting provider refers to a 2014 article indicating that the effect of extracorporeal shockwave therapy lies in the treatment of chronic injuries. There is also a referral to an article in the Journal of Bone and Joint Surgery that identifies a couple of theories as to how ESWT helps promote healing. An 11/21/13 progress report indicates persistent left knee pain, bilateral heel and arch pain. A 12/16/13 progress report indicates persistent moderate back pain, neck pain, shoulder pain and right ankle pain. The patient complained of exposure to fumes and radiation resulting in shortness of breath at work. A 12/5/13 progress report indicates shortness of breath when it broke, back pain, neck pain, shoulder pain, and right ankle pain. Physical exam demonstrates unremarkable heart, chest, abdominal, extremities, and neurologic findings. A 4/22/13 physical exam demonstrates lumbar tenderness with guarding and spasm, limited lumbar range of motion, right shoulder tenderness, limited right shoulder range of motion, left knee tenderness, and positive patellar grind test. Left ankle tenderness and limited range of motion are noted. Most medical reports from throughout 2013 are largely illegible secondary to handwriting and reproduction. Treatment to date has included medication, activity modification, and physiotherapy. There is documentation of a previous 1/24/14 adverse determination for lack of positive guidelines evidence for ESWT.

IMR ISSUES, DECISIONS AND RATIONALES

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

HIGH AND/OR LOW ENERGY EXTRACORPEAL SHOCKWAVE TREATMENT FOR THE LEFT BICEPS/FEMORIS FIVE TIMES (FIVE PER DIAGNOSIS, ONE TREATMENT EVERY TWO WEEKS) ENERGY LEVEL TO BE DETERMINED AT TIME OF TREATMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter, ESWT.

Decision rationale: The ODG criteria for low energy extracorporeal shockwave therapy (ESWT) include patients whose heel pain from plantar fasciitis has remained despite six months of standard treatment; at least three conservative treatments have been performed prior to use of ESWT. Low energy ESWT without local anesthesia is recommended. However, there remains no recent and legible evidence of plantar fasciitis as most recent medical reports are handwritten and largely illegible. It is unclear whether lower levels of care were adequately exhausted. There is no evidence as to whether PT or OT was administered during the prior 4 weeks; or whether the patient has had steroid injections within the preceding 6 weeks. It is also noted that the patient has bilateral pain complaints, which is listed as a contraindication to ESWT. Lastly, the ODG states that high energy ESWT is not recommended. Therefore, the current request is not medically necessary.