MAXIMUS Federal Services

Case Number:	CM14-0013921		
Date Assigned:	02/26/2014	Date of Injury:	08/29/2011
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine, and is licensed to practice in Califronia. 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder, hand, wrist, and knee pain reportedly associated with an industrial injury of August 29, 2011. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and trigger point injection therapy. The applicant apparently underwent extracorporeal shock wave therapy on December 13, 2013. It was not clearly stated which body parts the applicant received the shock wave therapy to; the attending provider only stated that the shock wave therapy was delivered "throughout the affected area." In a note dated December 9, 2013, blurred as a result of repetitive photocopying and faxing, the applicant was asked to pursue epidural steroid injection therapy, further shoulder physical therapy following shoulder surgery, and obtain refills of Norco, Naprosyn, Prilosec, Zanaflex, and Neurontin. The applicant apparently earlier underwent extracorporeal shock wave therapy on November 22, 2013. Again, it was not clearly stated which body part the extracorporeal shock wave therapy was being performed upon, although the applicant was seemingly given a diagnosis of shoulder impingement syndrome. In a medical-legal evaluation dated November 21, 2013, it was suggested that the applicant had had prior shoulder surgery and had had shoulder MRI imaging of October 31, 2011, notable for evidence of impingement syndrome along with a tear of rotator cuff tendons.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY, FOR THE RIGHT SHOULDER, RIGHT HAND/WRIST, AND RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,Chronic Pain Treatment Guidelines 9792.20f. Ultrasound, Therapeutic topic. Page(s): 123. Decision based on Non-MTUS Citation Knee - Extracorporeal Shockwave Therapy ("Shockwave")) For most body parts, there is evidence that ESWT is ineffective (see Elbow Disorders, Shoulder Disorders, and Ankle and Foot Disorders chapters). Source - ACOEM V.3

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted 2007 American college of Occupational and Environmental Medicine (ACOEM) Guidelines, Elbow Complaints Chapter, extracorporeal shock wave therapy is strongly recommended against. It is further noted that extracorporeal shock wave therapy is a subset of therapeutic ultrasound. However, as noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound is not recommended. Furthermore, the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, states that extracorporeal shock wave therapy is supported by medium-quality evidence for a specific diagnosis of calcifying tendinitis of the shoulder. In this case, however, the applicant has nonspecific rotator cuff tendinopathy/impingement syndrome as opposed to radiographically-confirmed calcifying tendinitis of the shoulder. Finally, the Third Edition ACOEM Guidelines note that, for most body parts, there is evidence that extracorporeal shock wave therapy is not effective. In this case, the attending provider has not proffered any-applicant specific rationale, narrative, or commentary which would offset the unfavorable MTUS and ACOEM recommendations. It is further noted that the applicant appears to have had the extracorporeal shock wave therapy despite the unfavorable MTUS and ACOEM recommendations and has failed to affect any lasting benefit or functional improvement through the same. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid therapy with Norco and adjuvant medications such as Zanaflex and Neurontin. Accordingly, the request for extracorporeal shock wave therapy was/is not medically necessary, both owing to the unfavorable guideline recommendations as well as owing to the applicant's poor response to the same in terms of the functional improvement parameters established in the MTUS guidelines.