

Case Number:	CM14-0014496		
Date Assigned:	02/28/2014	Date of Injury:	09/14/2009
Decision Date:	08/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 50-year-old male with a 6/13/99 through 5/16/12 cumulative date of injury. He was involved in a MVA when he was rear-ended. On 10/10/13, the patient complaints of bilateral shoulder, right forearm, left elbow, and left ankle pain. Objective exam shows decreased ROM of bilateral shoulders. It is noted that the patient is pending extracorporeal shockwave lithotripsy. Diagnostic Impression is Anxiety, Depression, Cervicalgia, Headaches, right Shoulder Impingement Syndrome, Lumbar Backache, and right Cubital Tunnel Syndrome. Treatment to date: medication management, activity modification. A Utilization Review decision dated 1/7/14 did not grant the request for Extracorporeal Shockwave Lithotripsy since it is for kidney stones. The patient does not have kidney stones.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.ncbi.nlm.nih.gov/pubmed/16952655> "Extracorporeal Shockwave Lithotripsy for Large Ureteral Stones using HM3 lithotripter".

Decision rationale: The California MTUS and Official Disability Guidelines do not address the issue. An article published in the Journal of Urology entitled Extracorporeal shock wave Lithotripsy for large Ureteral Stones using HM3 lithotripter notes that extracorporeal shockwave lithotripsy can be used for treatment of large ureteral stones with a high success rate with minimal morbidity. However, there is no clear documentation of renal colic, flank pain, hematuria, or any other indications that this patient would need lithotripsy. Therefore, the request for Extracorporeal Shock wave Lithotripsy is not medically necessary.