MAXIMUS Federal Services

Case Number:	CM14-0116498		
Date Assigned:	08/04/2014	Date of Injury:	07/17/2013
Decision Date:	09/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/24/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 50 year old with a work injury dated 7/17/13. The diagnoses include neck sprain/strain, carpal tunnel syndrome, brachial radiculitis, thoracic/lumbosacral radiculitis, sprain/strain of the shoulder and upper arm, thoracic sprain/strain lumbar sprain/strain. Under consideration is a request for acupuncture x12 visits to the shoulder/arm, neck, thoracic, wrist and shockwave therapy x8 visits to the shoulder/arm, neck, thoracic, wrist.There is a secondary treating physician report dated 4/4/14 that states that the patient complains of bilateral shoulder pain, bilateral wrist pain, and neck pain following work-related activity. The patient is currently taking Advil and medication for hypertension. On exam the patient has a wide-based gait. He cannot heel and toe walk. He is able to squat with difficulty. There is decreased lumbar range of motion. The patient has tenderness and spasm in the cervical and lumbar spine with pain on extension of the cervical spine. He has decreased cervical range of motion. There is 4/5 muscle strength in the bilateral C5, C5, C7 myotomes and in the right hand grip. There is decreased sensation in the right C6 dermatome. The lower extremity bilateral strength and sensation exam were normal. The bilateral C6 and right C5 reflexes were decreased. Babinski test (down going toes) was normal, absent Hoffman sign bilaterally, No clonus bilaterally. Bilateral shoulder examination shows full active and passive motion. The patient has pain on extremes of forward flexion and abduction on the right side as well as forward flexion on the left side. The patient has diffuse tenderness to palpation. Impingement testing is negative bilaterally. Jobe's testing is negative. Speed's testing is positive on the right side. The patient has mild pain on cross armadduction bilaterally. There is no instability noted. Wrist examination shows diffuse tenderness to palpation bilaterally. There 'is full extension and flexion with supination and pronation. Tinel's sign, Median Nerve Compression sign and Finkelstein's test are all negative.

There is no instability. The straight leg raise is negative. The patient has failed to improve despite conservative management including therapy. Chiropractic treatment, anti-Inflammatories and topical pain creams. He is a candidate for possible pain intervention with possible epidural InjectionsMRI of the left shoulder with arthrogram performed January 17, 2014 with lateral and anterior down sloping acromion hooked process with tendinosis and partial thickness tearing of the infraspinatus tendon. There is biceps tendinosis involving the horizontal segment as well. MRI of the right shoulder performed January 17, 2014 with lateral down sloping acromion process with tendinosis of the supraspinatus and infraspinatus tendon.A 6/9/14 document states that the patient underwent extensive conservative care to the upper back including but not limited to physical and manipulating therapy, acupuncture, injections and prescribed medications. He still continues to have significant residual symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Acupuncture visits to the shoulder/arm: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture x 12 to the shoulder/arm is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The guidelines state that the time to produce functional improvement: 3 to 6 treatments. It is not clear how much acupuncture the patient has had. Without clear documentation of how much acupuncture patient has had in the past additional acupuncture cannot be certified. Furthermore, the documentation indicates that the patient has had acupuncture but there is no evidence of any significant functional improvement or improvement in analgesia from prior treatment. Therefore, the request for twelve (12) Acupuncture visits to the shoulder/arm is not medically necessary.

Eight (8) Shockwave Therapy visits to the shoulder/arm, neck, thoracic and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Lumbar spine-ESWT (Neck and upper back chapter reviewed and Forearm/wrist/hand reviewed) Other Medical Treatment Guideline or Medical Evidence: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries Number: 0649.

Decision rationale: The MTUS guidelines do not discuss ESWT (Extracorporeal Shock-Wave Therapy) for the cervical spine. The ODG does not discuss ESWT (Extracorporeal Shock-Wave Therapy) for the cervical spine. Other guidelines such as Aetna clinical policy bulletin were reviewed and do not recommend ESWT for low back pain or other musculoskeletal conditions

(i.e. cervical spine or thoracic region). The MTUS ACOEM guidelines state that some medium quality evidence supports high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ODG does not discuss ESWT for the wrist or the thoracic region. Other guidelines such as Aetna clinical policy bulletin were reviewed and do not recommend ESWT (Extracorporeal Shock-Wave Therapy) for musculoskeletal conditions such as for the wrist or thoracic region. Furthermore the documentation submitted does not reveal evidence of calcifying tendinitis of the shoulders. Therefore, the request for eight (8) Shockwave Therapy visits to the shoulder/arm, neck, thoracic and wrist is not medically necessary and appropriate.