

Case Number:	CM14-0121846		
Date Assigned:	08/06/2014	Date of Injury:	02/21/2013
Decision Date:	10/01/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 injured worker is a 51 year old female who reported an injury to her cervical region. The utilization review dated 07/23/14 resulted in a denial for extra corporeal shockwave therapy for the cervical region as no high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the treatment. The clinical note dated 12/12/13 indicates the injured worker complaining of bilateral wrist and hand pain. The injured worker also reported bilateral shoulder as well as cervical region pain. The injured worker rated the pain as 2-7/10 at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Cervical: 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 Romeo P, Lavanga V and Sanson. Clinical Application of Extracorporeal Shock Wave Therapy in Musculoskeletal Disorders: A Review Altern Integ Med 2013, 2:2; and Zelle BA, Gollwitzer H, Zlowodzki M, BÃ¼hren V. Extracorporeal shock wave therapy: Current evidence. J Orthop Trauma. 2010;24 Suppl 1:S66-S70.

Decision rationale: The documentation indicates the injured worker complaining of cervical region pain. No high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the use of shockwave therapy in the cervical region. Without evidence in place supporting this procedure in the cervical region, this request is not indicated as medically necessary.