

Case Number:	CM14-0124786		
Date Assigned:	09/10/2014	Date of Injury:	08/02/2013
Decision Date:	10/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in 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:

The injured worker is a 45 year-old male who was reportedly injured on August 2, 2013. The most recent progress note dated June 9, 2014, indicates that there were ongoing complaints of neck and back pain. The physical examination demonstrated 5'7", 193 pound individual who is hypertensive (156/90). The handwritten notes are somewhat illegible and there are several positive findings, however, I am unable to ascertain the intent. Diagnostic imaging studies objectified ordinary disease of life degenerative disc disease with no evidence of acute change. Previous treatment includes multiple medications, physical therapy, injection therapy, and other pain management interventions. A request was made for shockwave therapy and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy 1-2 times a week for 4 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: When noting the parameters outlined in the MTUS relative to shock wave therapy, tempered by the date of injury, injury sustained, the findings of fiddle examination and treatment to date there is little clinical information presented to support the request for this intervention for the spine. The medical necessity is not been established.