

Case Number:	CM14-0125139		
Date Assigned:	08/11/2014	Date of Injury:	09/16/2011
Decision Date:	10/03/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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 licensed in Chiropractic and Acupuncture 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:

Claimant is a 55 year old female who sustained a work related injury on 9/16/2011. Her diagnoses are cervical spine disc bulges, lumbar spine disc bulges, right shoulder strain, status post left shoulder surgery, right elbow strain, and left elbow strain. Per a PR-2 dated 6/25/2014, the claimant has neck, lower back, bilateral shoulder/arm, bilateral elbow pain. The claimant has completed six extracorporeal shockwave treatments and there is a request for three additional treatments. Other prior treatment includes medication, bracing, left shoulder surgery, at least 54 physical therapy sessions, and psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 12 weeks for neck, low back and bilateral shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether there has been prior acupuncture rendered for this claimant. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines. If this is a request for further visits, there is no documentation of functional

improvement from prior completed acupuncture treatment. Therefore twelve sessions of acupuncture is not medically necessary. If the claimant has not had acupuncture, six sessions may be medically necessary as a trial.

Extracorporeal Shockwave for Left Shoulder, Qty: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Extracorporeal Shock Wave Therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal Shockwave therapy

Decision rationale: According to evidenced based guidelines, extracorporeal shockwave therapy is only recommended for adhesive capsulitis. There is no documentation that the claimant has adhesive capsulitis. Also, the recommended maximum is 3 sessions over 3 weeks. The claimant has already had 6 sessions with no documented benefit. Six sessions already exceeds the recommended three sessions. Therefore further EWST is not medically necessary.