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| Case Number: | CM14-0133115 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 04/28/2012 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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 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 64 year old female with a date of injury on 4/28/2012. She complained of dull, achy often sharp neck pain (6-8/10); dull and achy bilateral shoulder pain (right 6/10, left 7/10); burning bilateral wrist pain (left 6-7/10, right 5-6/10) with numbness and tingling to the hands and fingers; sharp stabbing lower back pain (7-8/10) with radiating pain to the mid back, numbness and tingling of both legs; and dull achy bilateral knee pain (right 6/10, left 7/10). A cervical spine exam revealed tenderness to palpation at the suboccipital muscles (+ 2), right upper trapezius, and right brachial plexus. The shoulder exam revealed well-healed scars on the right and moderate tenderness on rotator cuff tendon bilaterally. The wrist exam revealed +2 tenderness carpal tunnel and positive Tinel's and Phalen's tests. She was able to heel-toe walk with pain and does squats to 15%. There was tenderness to the posterior superior iliac spine bilaterally and at L3-5. There was also right-sided muscle guarding. The knee exam revealed a tender medial and lateral joint line, decreased sensation and motor strength bilaterally with decreased range of motion of the bilateral upper and lower extremities. She had magnetic resonance imaging of the cervical and lumbar, both wrists, both shoulders, and both knees in March 2014. She underwent two right shoulder arthroscopic surgeries. Her current medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, tramadol, and flurbiprofen. Past treatments have included epidural steroid injection to the right shoulder without help. Medications, physical therapy with electrical stimulation, acupuncture, massages, and chiropractic treatments gave her only temporary relief. Her diagnoses include cervicalgia, cervical spine multilevel herniated nucleus pulposus, status post right shoulder surgery, right shoulder rotator cuff tear, right shoulder superior labrum anterior and posterior tear, left shoulder sprain/strain, bilateral wrist intimal derangement, bilateral hand pain, lumbago, lumbar disc

displacement herniated nucleus pulposus, lumbar spine radiculopathy, and bilateral knee internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy (ESWT) 1 Time A Week for 6-12 Weeks Cervical:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Extracorporeal shockwave therapy (ESWT)

Decision rationale: Per Official Disability Guidelines, extracorporeal shockwave therapy is not recommended. Trials in this area have yielded conflicting results. The value, if any, of extracorporeal shockwave therapy for lateral elbow pain can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and extracorporeal shockwave therapy cannot be recommended at this time for epicondylitis, although it has very few side effects. The medical records do not document a diagnosis of lateral epicondylitis. The request for Extracorporeal Shockwave Therapy is not medically necessary.