

Case Number:	CM14-0133986		
Date Assigned:	08/25/2014	Date of Injury:	03/06/2014
Decision Date:	10/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for wrist, knee, ankle, foot, mid back, neck, and low back pain reportedly associated with an industrial injury of March 6, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; MRI imaging of numerous body parts; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated July 23, 2014, the claims administrator denied request for extracorporeal shockwave therapy to numerous body parts. A variety of MTUS and non-MTUS guidelines were endorsed. The claims administrator, in its denial, incorrectly stated that the MTUS did not address the topic of extracorporeal shockwave therapy for the elbow and/or shoulder. The applicant's attorney subsequently appealed. In a May 8, 2014 progress note, the applicant apparently presented to a new primary treating provider (PTP) for the first time. The applicant was alleging multifocal neck, bilateral shoulder, bilateral elbow, bilateral wrist, mid back, low back, bilateral knee, bilateral ankle, and bilateral foot pain reportedly associated with cumulative trauma at work. The applicant was using tramadol, Prilosec, acetaminophen, Lodine, it was noted. Tenderness was appreciated about the bilateral lateral epicondyles and bilateral shoulder acromioclavicular joints. The applicant was given diagnoses of neck pain, shoulder tenosynovitis, elbow epicondylitis, carpal tunnel syndrome, de Quervain tenosynovitis, lumbar radiculitis, knee pain, and ankle pain. A variety of oral suspensions and topical compounds, including a topical compounded ketoprofen-containing cream, were endorsed, along with a TENS unit, hot and cold unit, physical therapy, acupuncture, extracorporeal shockwave therapy, a functional capacity evaluation, localized intense neurostimulation therapy, and MRI imaging of the neck, shoulder, wrist, elbow, hand, knee, ankle, and foot. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy 1xwk x 6-12 wks., bilateral shoulders, elbows, wrists, knees, ankles, feet, c-spine, thoracic spine, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Shock wave therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 265,203,173,300,339,40,376.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 40, extracorporeal shockwave therapy is "recommended against" for the elbow, one of the body parts for which it is seemingly being sought here. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 203 also notes that medium-quality evidence supports high-energy extracorporeal shockwave therapy for the specific diagnosis of calcifying tendinitis of the shoulder. In this case, however, the applicant has nonspecific shoulder pain. There is no evidence of radiographically-confirmed calcifying tendinitis of the shoulder present here. Similarly, while the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376 notes that extracorporeal shockwave therapy is "optional" for the diagnosis of plantar fasciitis, in this case, however, the information on file does support the diagnosis of nonspecific foot and ankle pain secondary to cumulative trauma at work as opposed to focal foot pain associated with plantar fasciitis. Extracorporeal shockwave therapy is a subset of therapeutic ultrasound. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 339, ultrasound has no scientifically proven efficacy treating acute knee symptoms. Similarly, ACOEM Chapter 12, page 300, ACOEM Chapter 11, page 265, and ACOEM Chapter 8, page 173 all take the position that there is no high-grade evidence to support the effectiveness of ultrasound therapy for acute low back, wrist/forearm, and/or neck pain issues. In this case, the attending provider failed to furnish any compelling evidence or applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.