

Case Number:	CM14-0145066		
Date Assigned:	09/12/2014	Date of Injury:	05/07/2014
Decision Date:	11/07/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Rehabilitation, 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:

According to the records made available for review, this is a 36-year-old female with a 5/7/14 date of injury. At the time (8/4/14) of the Decision for Extracorporeal Shock Wave Therapy (lumbar, left shoulder & right elbow)(unknown sessions) and TENS Unit & supplies (rental or purchase), there is documentation of subjective (lower back, left shoulder, and right elbow pain) and objective (decreased lumbar, shoulder, and elbow range of motion with pain, tenderness over the L3 to L5 spines, positive facet loading and compression testes, positive straight leg raising test, decreased sensation to light touch on the L4, L5, and S1 right dermatomes, tenderness over the supraspinatus and infraspinatus muscles, and tenderness over the olecranon process) findings, current diagnoses (osteoarthritis of the acromioclavicular joint, tendinosis of the infraspinatus and supraspinatus tendons, left elbow bursitis, lumbar spine sprain/strain, L4-L5 facet hypertrophy, lumbar disc herniation at L3 through S1, and lumbar radiculopathy and arthropathy, and lumbar disc syndrome), and treatment to date (Medications, Epidural Steroid Injections, Chiropractic Therapy, And Physical Therapy). Regarding TENS unit, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy (lumbar, left shoulder & right elbow)(unknown sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Shoulder Procedure Summary (last updated 04/25/2014), Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder AND Low back Chapter, Extracorporeal Shock Wave Therapy (ESWT) AND Shock wave

Decision rationale: Specifically regarding the shoulder, MTUS reference to ACOEM Guidelines identifies some medium quality evidence supporting manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. ODG identifies documentation of pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment; at least three conservative treatments have been performed prior to use of ESWT (a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone)); and absence of contraindications (Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition), as criteria necessary to support the medical necessity of extracorporeal shockwave treatment for the shoulder. In addition, specifically regarding low back pain, MTUS does not address the issue. ODG identifies that the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP and that in the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Furthermore, specifically regarding the elbow, MTUS reference to ACOEM Guidelines identifies a recommendation against using extracorporeal shockwave therapy for evaluating and managing elbow complaints. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of the acromioclavicular joint, tendinosis of the infraspinatus and supraspinatus tendons, left elbow bursitis, lumbar spine sprain/strain, L4-L5 facet hypertrophy, and lumbar disc herniation at L3 through S1, and lumbar radiculopathy and arthropathy, and lumbar disc syndrome. In addition, there is documentation of conservative treatment (medications, epidural steroid injections, chiropractic therapy, and physical therapy). However, there is no documentation of consistent evidence based guideline support of extracorporeal shockwave therapy for the lumbar spine and elbow. In addition, there is no documentation of the number of session requested. Therefore, based on guidelines and a review of the evidence, the request for Extracorporeal Shock Wave Therapy (lumbar, left shoulder & right elbow) (unknown sessions) is not medically necessary.

TENS Unit & supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203,300. Decision based on Non-MTUS

Citation Official Disability Guidelines, Treatment in Worker's Compensation, Pain Procedure Summary, (last updated 06/10/2014), Transcutaneous Nerve Stimulation (TENS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of the acromioclavicular joint, tendinosis of the infraspinatus and supraspinatus tendons, left elbow bursitis, lumbar spine sprain/strain, L4-L5 facet hypertrophy, and lumbar disc herniation at L3 through S1, and lumbar radiculopathy and arthropathy, and lumbar disc syndrome. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medications) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for TENS Unit & supplies (rental or purchase) is not medically necessary.