

Case Number:	CM14-0153578		
Date Assigned:	09/23/2014	Date of Injury:	07/29/2011
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 patient is a 42-year-old male who has submitted a claim for bilateral shoulder sprain/strain, bilateral lateral epicondylitis, and bilateral knee sprain/strain associated with an industrial injury date of 07/29/2011. Medical records from 04/07/2013 to 06/18/2014 were reviewed and showed that patient complained of chronic pain graded 7/10 in bilateral shoulders, elbows, and knees. Physical examination revealed tenderness over acromioclavicular joint (AC) joints, trapezius, rhomboid, levator scapulae, medial and lateral epicondyles bilaterally, and bilateral knee joint lines and pes anserine bursa, decreased shoulder, elbow, and knee range of motion (ROM), and positive Neer's, Hawkin's, and Apley's tests. Magnetic resonance imaging (MRI) of the left shoulder dated 10/24/2013 revealed mild rotator cuff tendinopathy and mild AC arthropathy. MRI of the right shoulder dated 10/24/2013 revealed AC arthropathy and partial tear of supraspinatus tendon with significant tendinopathy. MRI of the right knee dated 09/24/2013 revealed meniscal degeneration, strain of MCL complex, joint effusion, and mild thinning of the cartilage. MRI of the left knee dated 09/24/2013 revealed prepatellar bursitis. Treatment to date has included chiropractic care, previous Extracorporeal Shock Wave Therapy (ESWT) for unspecified body part (date unavailable, and pain medications. Utilization review dated 09/11/2014 denied the request for three shockwave therapy sessions for the bilateral shoulders, bilateral elbows, and bilateral knees because the guidelines do not recommend shockwave therapy for the elbows and there was absence of shoulder and knee conditions supported for shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three shockwave therapy sessions for the bilateral shoulders, bilateral elbows, and abilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of 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 , ESWT; Elbow, ESWT; Knee and Leg, ESWT

Decision rationale: According to page 203 of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines referenced by California Medical Treatment Utilization Schedule (MTUS), physical modalities, such as ultrasound treatment, etc. are not supported by high-quality medical studies. Official Disability Guidelines (ODG) recommended extracorporeal shockwave therapy for calcifying tendinitis but not for other shoulder disorders. ODG states that extracorporeal shock wave therapy (ESWT) is not recommended for lateral epicondylitis. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. ODG states that shockwave therapy is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. In this case, patient complained of chronic pain graded in bilateral shoulders, elbows, and knees. However, there was no diagnosis or evidence for calcifying tendinitis, the only shoulder pathology supported for ESWT. Furthermore, the guidelines do not recommend ESWT for elbow and knee pathology. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for three shockwave therapy sessions for the bilateral shoulders, bilateral elbows, and bilateral knees is not medically necessary.