

Case Number:	CM14-0175726		
Date Assigned:	10/28/2014	Date of Injury:	05/12/2011
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 chronic bilateral shoulder, bilateral knee, and neck pain reportedly associated with industrial injury of May 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy over the course of the claim; topical compounds; trigger point injection therapy; unspecified amounts of acupuncture; unspecified amounts of manipulative therapy; and psychotropic medications. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for six sessions of extracorporeal shockwave therapy to the shoulders, knees, and neck. The applicant's attorney subsequently appealed. In an October 1, 2014, progress note, the applicant reported multifocal complaints of back, neck, and shoulder pain with derivative complaints of gastritis, hypertension, and sexual dysfunction. Eight sessions of physical therapy and six sessions of extracorporeal shockwave therapy were sought. 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 Shockwave Therapy 1x6wk For Bilateral Shoulder, Both Knees, Neck:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 203, Chronic Pain Treatment Guidelines Therapeutic Ultrasound topic Page(s): 123. Decision based on Non-MTUS Citation Knee - Extracorporeal Shockwave Therapy Shockwave

Decision rationale: Extracorporeal shockwave therapy is a subset of therapeutic ultrasound. As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, however, therapeutic ultrasound is "not recommended" in the chronic pain context present here. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 203 notes that medium quality evidence supports usage of high energy extracorporeal shockwave therapy for the specific diagnosis of calcifying tendonitis of the shoulder. In this case, however, there was no mention of the applicant's carrying a diagnosis of radiographically-confirmed calcifying tendonitis of either shoulder. Finally, the Third Edition ACOEM guidelines note that "for most body parts" that there is evidence that ESWT is ineffective. In this case, the attending provider failed to furnish any compelling applicant-specific rationale, which would offset the tepid-to-unfavorable MTUS in ACOEM positions on the article at issue. The attending provider did not state for what purpose or what diagnosis extracorporeal shockwave therapy was being sought here, and/or how ESWT would advance the applicant's activity level and functional status. Therefore, the request is not medically necessary.