

Case Number:	CM14-0185477		
Date Assigned:	11/13/2014	Date of Injury:	03/28/2013
Decision Date:	12/30/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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 neck pain, headaches, elbow pain, wrist pain, hand pain, finger pain, and carpal tunnel syndrome reportedly associated with cumulative trauma at work between the dates March 28, 2012 through March 28, 2013. 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 physical therapy; topical compound; dietary supplements; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 28, 2014, the claims administrator failed to approve a request for an extracorporeal shockwave therapy to the cervical spine, lumbar spine, bilateral shoulders, elbows, wrists, and ankles. The applicant attorney subsequently appealed. The applicant apparently had received extracorporeal shockwave therapy on August 12, 2014, it appeared, and on July 29, 2014, despite the unfavorable utilization review decision. On July 18, 2014, the applicant reported ongoing complaints of headaches, neck pain, shoulder pain, wrist pain, ankle pain, psychological stress, anxiety, depression, 6 to 7/10. The applicant was placed off of work, on total temporary disability. A physical therapy, localized intensive neurostimulation therapy, topical compounds, oral suspensions, and dietary supplements were endorsed. The applicant was kept off of work, on total temporary disability. Extracorporeal shockwave therapy is also endorsed via a progress note dated August 15, 2014, in which the applicant again presented with multifocal complaints of neck pain, mid back pain, shoulder pain, elbow pain, wrist pain, knee pain, and derivative complaints of psychological stress. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy 6 treatments for the cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 08/22/14), Shoulder (updated 08/27/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shockwave Therapy

Decision rationale: Extracorporeal shockwave therapy is a subset of a therapeutic ultrasound. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is "not recommended" in the chronic pain context present here. The unfavorable MTUS position is echoed by that of ODG's Low Back Chapter shockwave therapy topic, which notes that shockwave therapy, the article at issue is "not recommended." In this case, the attending provider's highly templated documentation did not provide any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS and ODG positions on article at issue. Therefore, the request was/is not medically necessary.

Shockwave therapy 3 treatments bilateral shoulders, elbows, wrists and ankles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 08/27/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 203, 29, Chronic Pain Treatment Guidelines Therapeutic Ultrasound topic Page(s): 123.

Decision rationale: Extracorporeal shockwave therapy, as noted previously, is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines is "not recommended" in the chronic pain context present here. Similarly, the MTUS Guideline in ACOEM Chapter 10, page 29 notes that extracorporeal shockwave therapy is "strongly recommended against" for issues involving the elbows, one of the body parts for which ESWT was sought here. The MTUS Guideline in ACOEM Chapter 9, page 203 likewise notes that extracorporeal shockwave therapy is supported by medium quality evidence for this specific diagnosis of calcifying tendinitis of the shoulder. Here, however, there was/is no evidence that the applicant carried a radiographically confirmed diagnosis of calcifying tendinitis of the shoulder. The attending provider failed to furnish any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable MTUS positions on the article at issue. Therefore, the request was/is not medically necessary.

