

Case Number:	CM14-0024516		
Date Assigned:	06/11/2014	Date of Injury:	01/11/2013
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 29-year-old gentleman who was reportedly injured on January 11, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated April 23, 2014, indicated there were ongoing complaints of upper back pain, left shoulder pain, difficulty sleeping, depression and anxiety. The physical examination demonstrated tenderness over the left shoulder joint. There was a positive Hawkins sign, a positive O'Brien's test and a positive Speeds test. There was a diagnoses of a thoracic spine sprain/strain, chest contusion, status post atelectasis of the left lung, status post dramatic chest pain, status post pneumothorax, rotator cuff tendinitis and bicipital tenosynovitis, emotional stress, depression and anxiety. Diagnostic imaging studies of the left shoulder were found to be normal. Previous treatment included 24 sessions of physiotherapy, 15 sessions of chiropractic treatment and 11 sessions of acupuncture. A request was made for extracorporeal shockwave therapy, chiropractic treatment and home use of an IF4 unit and was not certified in the pre-authorization process on January 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY-LEFT SHOULDER: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (Acute & Chronic), Extracorporeal shockwave therapy.

Decision rationale: According to the Official Disability Guidelines, extracorporeal shockwave therapy for the shoulder is only indicated with calcific tendinitis. There was no evidence in the attached medical record that the injured employee has calcific tendinitis. The injured employee has had x-rays of the left shoulder, which would have shown calcific deposits and if he did have the condition of calcific tendinitis. For these multiple reasons, this request for extracorporeal shockwave therapy for the left shoulder is not medically necessary.

CHIROPRACTIC TREATMENT 1 X 4 WEEKS-LEFT SHOULDER AND LEFT UPPER BACK: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (Acute & Chronic), Chiropractic care.

Decision rationale: According to the Official Disability Guidelines, chiropractic care for the shoulder is indicated for nine visits over eight weeks' time followed by active, self-directed home therapy. The injured employee has already participated in 15 sessions of chiropractic care for the left shoulder. There was no mention in the attached medical record regarding the efficacy of this previous chiropractic care to justify continued care. This request for chiropractic care of the left shoulder is not medically necessary.

CONTINUE USE OF IF4 UNIT FOR HOME USE-BACK AND LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Interferential current stimulation.

Decision rationale: According to the Official Disability Guidelines, the use of interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work and exercises and limited evidence of improvement on those recommended treatments. The attached medical record does not state a specific plan for the use of an IF4 unit in conjunction with any specific therapy, particularly home exercise. A specific treatment plan, which includes the use of the IF4 unit, should be mentioned. Without this information, this request for an IF4 unit for the back and shoulder is not medically necessary.

