

Case Number:	CM14-0027135		
Date Assigned:	06/13/2014	Date of Injury:	08/24/2012
Decision Date:	07/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 50-year-old female with an 8/24/12 date of injury. At the time of request for authorization for Extracorporeal Shock Wave Therapy (ESWT), there is documentation of neck pain, lower back pain, bilateral shoulder pain, cervical spine pain, myospasms, limited range of motion, positive compression test, positive shoulder depression test, right shoulder decreased range of motion, positive impingement, and supraspinatus test findings. The patient's current diagnoses include lumbar intervertebral syndrome, cervicobrachial syndrome, shoulder tendonitis, cervical intervertebral syndrome, and lumbosacral strain/sprain. The treatment to date consists of activity modification. There is no documentation of pain from calcifying tendinitis of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY (ONE TIMES SIX VISITS CERVICAL SPINE, ONE TIMES SIX VISITS LUMBAR SPINE, ONE TIMES THREE VISITS RIGHT 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), Shoulder.

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, Extracorporeal shock wave therapy (ESWT),
http://www.anthem.com/medicalpolicies/policies/mp_pw_a050255.htm.

Decision rationale: The ACOEM Guidelines identifies documentation of calcifying tendinitis of the shoulder, as criteria necessary to support the medical necessity of ESWT for the shoulder. The ODG identifies documentation of pain from calcifying tendinitis of the shoulder that has remained despite six months of standard treatment; at least three conservative treatments have been performed prior to use of extracorporeal shock wave therapy (Rest, Ice, c NSAIDs, Orthotics, Physical Therapy, Injections (Cortisone)); and absence of contraindications (Pregnant women; 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 ESWT for the shoulder. Peer-reviewed literature identifies that the use of ESWT, including but not limited to the use of Extracorporeal Pulse Activation Therapy for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. Within the medical information available for review, there is documentation of diagnoses of lumbar intervertebral syndrome, cervicobrachial syndrome, shoulder tendonitis, cervical intervertebral syndrome, and lumbosacral strain/sprain. However, there is no documentation of pain from calcifying tendinitis of the shoulder. In addition, the requested ESWT is also intended for the cervical spine and lumbar spine, for which extracorporeal shockwave therapy is not recommended. Therefore, based on guidelines and a review of the evidence, the request ESWT is not medically necessary.