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| Case Number: | CM14-0033935 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 04/22/2011 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 67 year old with an injury date on 4/22/11. Based on the 1/8/14 progress report provided by [REDACTED] the diagnoses are: 1. C-spine - s/s disc protrusion 2. T-spine - s/s3. bilateral shoulder - s/s tendinitis AC - OR4. bilateral wrist - x/x CTSE Exam on 1/8/14 showed "tenderness to palpation of cervical paraspinals and trapezius. Decreased range of motion limited by pain." [REDACTED] is requesting extracorporeal shockwave therapy once per week for 4 to 6 weeks and acupuncture two sessions per week for 4 weeks to the neck, right shoulder, and arm. The utilization review determination being challenged is dated 2/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/27/13 to 2/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

extracorporeal shockwave therapy once per week for four to six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with bilateral wrist pain, bilateral shoulder pain, C-spine pain, T-spine pain. The treating physician has asked extracorporeal shockwave therapy

once per week for 4 to 6 weeks on 1/8/14. Review of the report shows patient underwent epidural steroid injection of C3-C7 on 1/21/14. Regarding shockwave therapy for the shoulder, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition recommends for calcifying tendinitis but not for other shoulder disorders, if following criteria are met: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of extracorporeal shockwave therapy (ESWT). These would include: a. Rest, b. Ice, c. Non-steroidal anti-inflammatory drug (NSAIDs), d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in 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. 4) Maximum of 3 therapy sessions over 3 weeks. In this case patient has bilateral pain, and had a cervical epidural steroid injection a month prior, which are contraindications for extracorporeal shockwave therapy for the shoulder. Treatment is not medically necessary and appropriate.

acupuncture two sessions per week for four weeks to the neck, right shoulder, and arm:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with bilateral wrist pain, bilateral shoulder pain, C-spine pain, T-spine pain. The treater has asked Acupuncture two sessions per week for 4 weeks to the neck, right shoulder, and arm on 1/8/14. The 2/24/14 report states patient has been acupuncture treatments 2x a week with limited improvement, but exact number of sessions were unspecified. California Medical Treatment Utilization Schedule (MTUS) acupuncture guidelines allow 3-6 sessions of trial and additional treatment sessions if functional improvement is shown. In this case, the treater has asked for 8 sessions of acupuncture treatment but patient has not been showing functional improvement per MTUS requirements for additional sessions. Treatment is not medically necessary and appropriate.