MAXIMUS Federal Services

Case Number:	CM14-0034621		
Date Assigned:	03/21/2014	Date of Injury:	10/02/2012
Decision Date:	06/09/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/20/2014

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 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:

This is a female patient with a date of injury of October 2, 2012. A utilization review determination dated February 19, 2014 recommends non-certification of outpatient NIOSH testing and shockwave therapy. Noncertification of shockwave therapy was due to the reviewing physician identifying that Aetna does not recommend extracorporeal shock wave therapy for any indication. Guidelines for functional capacity evaluation were applied to the case to address the request for NIOSH testing. The reviewing physician indicated that the clinical provider did not "establish medical necessity." A progress report dated January 7, 2014 identifies subjective complaints including left shoulder pain. The handwritten note is difficult to read but appears to indicate that the patient's pain has increased with increased activities of daily living. The orthopedic consultant recommended continuing conservative care. The patient had moderate improvement from a left shoulder injection. Physical examination does not include any findings related to the patient's left shoulder complaints. The diagnosis is left shoulder sprain/strain with tendinosis. The treatment plan recommends topical medication, physical therapy, acupuncture, shockwave, and NIOSH. An MRI arthrogram of the left shoulder dated September 24, 2013 identifies supraspinatus and infraspinatus tendonosis. A shoulder examination performed on September 5, 2013 indicates tenderness in the left trapezius region, and reduced left shoulder range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

NIOSH TESTING: 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) Extracorporeal; Aetna; and American College of Occupational and Environmental Medicine (ACOEM) on FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cdc.gov/search.do?subset=NIOSH&queryText=testing&searchButton.x=35&searchButton.y=8&action=search.

Decision rationale: Regarding the request for "NIOSH Testing," the requesting physician has not clarified exactly what "NIOSH Testing" means. NIOSH stands for National Institute of Occupational Safety and Health. A search for the term testing on their website includes 1220 results. Therefore, it is unclear exactly what sort of testing the requesting physician is recommending. As such, no applicable guidelines are available. In the absence of clarity regarding the above issues, the currently requested "NIOSH Testing" is not medically necessary.

SHOCKWAVE THERAPY: 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) Extracorporeal; Aetna; and American College of Occupational and Environmental Medicine (ACOEM) on FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Regarding the request for extracorporeal shockwave therapy, Occupational Medicine Practice Guidelines support the use of extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcifying tendinitis of the shoulder but not for other shoulder disorders. Within the documentation available for review, there is no identification of a diagnosis of calcifying tendinitis of the shoulder. As such, the currently requested extracorporeal shock wave therapy is not medically necessary.