

Case Number:	CM14-0036002		
Date Assigned:	06/23/2014	Date of Injury:	05/30/2013
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family 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 patient is a 42 year old woman who was injured while at work on 5/30/2013. The injuries were primarily to her neck, lower back, left shoulder, and left elbow. She is requesting review for denial of the following: Extracorporeal Shockwave Therapy (ESWT) X 3 Sessions; Accupuncture 2X6 - Cervical, Left Shoulder, and Left Elbow; Decision for Trigger Point Impedance Imaging (TPII), Localized Intense Neurostimulation Therapy or LINT 1 X a week for 6-12 Weeks; and TENS-EMS Unit X One Month Home-Based Trial. The medical records corroborate ongoing care for these medical problems. These problems are documented in the Primary Treating Physician's Progress Reports (PR-2). The patient describes ongoing pain in the lumbar spine, left shoulder, and left elbow. Her diagnoses include: Lumbar Sprain/Strain; Left Shoulder Internal Derangement; Left Shoulder Sprain/Strain; Left Elbow Sprain/Strain; and Left Lateral Epicondylitis. Treatment has included Naproxen, Flexeril, Protonix, and topical analgesic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT) x 3 sessions: Upheld

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

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

Decision rationale: In reviewing this patient's medical records, there is no documentation to indicate that the patient is experiencing shoulder pain from calcifying tendinitis. Therefore, ESWT is not considered to be medically necessary.

Acupuncture 2x6 - cervical, left shoulder and left elbow: Upheld

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

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

Decision rationale: The medical records provide no documentation to indicate that acupuncture in this patient is being used for any of the listed conditions in the ODG Acupuncture Guidelines. Specifically, there is no evidence that the patient has rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, or that acupuncture is indicated for rehab following surgery. Based on the lack of supporting documentation, acupuncture is not deemed to be medically necessary.

Trigger point impedance imaging (TPII), Localized intense neurostimulation therapy or LINT 1 x a week for 6-12 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence; None.

Decision rationale: There is no rationale provided in the medical records to justify the use of a novel, experimental intervention in place of standard, guideline-based therapy. Trigger point impedance imaging/Localized intense neurostimulation therapy is therefore not determined to be medically necessary.

TENS-EMS unit x one month home-based trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-121.

Decision rationale: There is no evidence in reviewing the medical records that the patient has any of the conditions described above. Further, there is no evidence that the TENS treatment as prescribed is being recommended as part of an evidence-based functional restoration program. Therefore, the use of TENS is not considered as medically necessary.

Hot/Cold pack: Upheld

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

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

Decision rationale: The medical records indicate that the patient's symptoms are chronic and well outside the timeframe of an acute injury. Therefore, the use of hot/cold packs is not considered to be medically necessary.