MAXIMUS Federal Services

Case Number:	CM14-0036631		
Date Assigned:	06/25/2014	Date of Injury:	08/07/2012
Decision Date:	08/15/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 injured worker is a 31-year-old female who was reportedly injured on 8/7/2012. The mechanism of injury was noted as a fall while stocking a shelf at work. The most recent progress note dated 9/10/2013, indicated that there were ongoing complaints of neck pain, right shoulder pain, low back pain and right ankle/foot pain. Physical examination demonstrated no tenderness or spasm of the cervical spine. Cervical range of motion: Flexion 80%, extension 75%, lateral bending 95%-100%. Motor strength: Right deltoid 4+/5, otherwise 5/5 bilaterally. Positive right shoulder impingement sign without tenderness to shoulder. No tenderness or spasm of the lumbar spine. Lumbar spine range of motion: Flexion 90%, extension 85%, lateral bending 95% to 100%. Straight leg raising negative. Motor strength: Right posterior/anterior tibialis and gastrocnemius 4/5, otherwise 5/5 bilaterally. Deep tendon reflexes 2+ and normal sensation in all extremities. No tenderness to the ankles/feet, with decreased range of motion of right ankle. Plain radiographs/ computed tomography (CT) scan of the cervical spine, dated 7/30/2013, demonstrated several 1 mm - 2 mm disk bulges without canal stenosis or foraminal. Plain radiographs/CT scan of the lumbar spine, dated 7/30/2013, demonstrated a 3 mm to 4 mm disk bulge with mild to moderate foraminal narrowing and moderate canal stenosis at L4-L5, a 5 mm to 6 mm disk bulge with severe foraminal narrowing and moderate canal stenosis at L5-S1. Plain radiographs/CT scan of the right ankle, dated 7/30/2013, demonstrated a healed distal fibular fracture with a non-displaced syndesmotic screw fracture across the distal aspect of the tibia and fibula. Diagnoses: Cervical strain, mild right shoulder impingement, lumbar disk protrusions, right ankle fracture s/p open reduction internal fixation. A request had been made for Extracorporeal Shockwave Therapy (ESWT) times 1 per week times 6 weeks and acupuncture 2 times per week times 4 weeks for the lumbar spine and right ankle/foot in the

utilization review on 3/11/2014. ESWT was non-certified; however, acupuncture was partially certified for #6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy (ESWT) 1 times per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Extracorporeal shockwave therapy is not recommended for treatment of acute, subacute , or chronic non-calcific rotator cuff tendinitis.References:Speed, CA, Nichols, D, Richards, C, Humpreys etal. Extracorporeal shock wave therapy for lateral epicondylitis--a double blind randomized controlled trial. JOrthop Res. 2002;20(5);895-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Extracorporeal Shockwave Therapy (ESWT) - (updated 7/29/14).

Decision rationale: Official Disability Guidelines support the use of low energy Extracorporeal Shockwave Therapy (ESWT) as an option for chronic plantar fasciitis and calcifying tendinitis of the shoulder. Review of the available medical records failed to document any diagnosis for which ESWT would be appropriate. Therefore, this request is not considered medically necessary.

Acupuncture 2 times per week for 4 weeks for the lumbar spine and right ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation and the lack of documentation of an on-going physical rehabilitation program, there is insufficient clinical data provided to support the request. Furthermore, the guidelines only authorize 3 to 6 treatments of acupuncture over a 1-2 month period. As such, this request is not considered medically necessary.