

Case Number:	CM14-0038206		
Date Assigned:	08/04/2014	Date of Injury:	12/07/2010
Decision Date:	10/07/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 & 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 60-year-old female with an injury date of 12/07/2010. Based on the 03/06/2014 progress report, the patient has tenderness over the L4-L5 and L5-S1 facet areas bilaterally. Facet loading is positive for pain in the lower lumbar region. She mainly complains about her left knee pain and her left shoulder pain. Her left knee causes constant pain, swelling, weakness, and a feeling of instability. She failed to improve on conservative treatment and currently wears a left knee brace. Her left shoulder is painful with elevation use and she is currently on temporary disability based on the 03/04/2014 progress report. The patient's diagnoses include the following, cervical spine sprain/strain, symptoms have improved significantly, left shoulder strain, left knee anterior cruciate ligament (ACL) tear, lumbar spine sprain/strain, MRI finding of disk protrusions at L4-L5 and L5-S1 and axial lower back pain, rule out facet arthropathy versus discogenic pain. The utilization review determination being challenged is dated 03/14/2014. Four treatment reports were provided from 12/23/2013, 03/04/2014, 03/06/2014, and 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions extracorporeal shockwave therapy left 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 (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Calcifying tendonitis.

Decision rationale: Based on the 03/04/2014 progress report, the patient complains of having left knee pain and left shoulder pain. The request is for 4 sessions of extracorporeal shockwave therapy for her left shoulder. The 03/10/2014 EMG reveals that the patient has a bilateral chronic active L5 radiculopathy. The report with the request was not provided. MTUS Guidelines state that shockwave therapy is "recommended for calcifying tendonitis but not for other shoulder disorders." There is no indication that the patient has calcifying tendonitis. Therefore the request is not medically necessary.