MAXIMUS Federal Services

Case Number:	CM14-0040427		
Date Assigned:	06/30/2014	Date of Injury:	10/24/2007
Decision Date:	07/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 60 year-old patient sustained an injury on 10/24/07 while employed by the [redacted]. Request under consideration include Retrospective Day of Service 2/15/2014 Shockwave Treatment bilateral Shoulders, Knees, and Elbows. EMG/NCS of 3/14/12 was normal. MRI of right shoulder dated 4/10/12 showed supraspinatus tear with mild to moderate tendinosis and muscle atrophy; moderate labral fraying without tear; and mild AC osteoarthritis. The patient is status post right shoulder arthroscopic diagnostic procedure on 11/30/12 and s/p right elbow lateral epicondylar debridement with repair of partial extensor tear on 4/26/13. Report of 12/18/13 from the provider noted patient has reached maximum medical inprovement (MMI); however, remained temporarily totally disabled and not capable of gainful employment. Most recently, the patient underwent 2000 shocks delivery during ESWT treatment on 2/5/14. Illegible hand-written report of 2/5/14 from the provider noted patient distressed because of left elbow and shoulder therapyvery little capacity without therapy. Current diagnoses list Abnormal Toxicology findings; medial cartilage or meniscus tear of knee; lumbar injury; and internal derangement of knee. Treatment plan was illegible noting consideration of using. Request(s) for Retrospective Day of Service 2/15/2014 Shockwave Treatment bilateral Shoulders, Knees, and Elbows was non-certified on 3/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Day of Service 2/15/2014 Shockwave Treatment bilateral Shoulders Knees and Elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for the use of Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal shockwave therapy (ESWT), pages 112-113; Knee, page 303.

Decision rationale: The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitus, under study for patellar tendinopathy and long-bone hypertrophic nonunions without recommendation for degenerative joint disease and meniscal tear, and do not recommend for elbow strain/sprain or epicondylitis as long-term effectiveness has not been evident. Submitted reports have not adequately demonstrated any symptoms complaints, diagnosis or clinical findings to support for the ECSW treatment per guidelines nor indicate functional benefit derived from treatment recently rendered without change in functional status and actual increase in pain with increased opiate dosage/frequency used. The retrospective request for Shockwave Treatment bilateral Shoulders Knees and Elbows (DOS: 2/15/2014) is not medically necessary and appropriate.