

Case Number:	CM14-0047509		
Date Assigned:	07/02/2014	Date of Injury:	04/26/2013
Decision Date:	08/20/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational 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:

According to the records made available for review, this is a 41-year-old male with a 4/26/13 date of injury. At the time (3/24/14) of request for authorization for extracorporeal shockwave therapy one time per week for six weeks, and Acupuncture two times a week for four weeks, there is documentation of subjective complaints of 6/10 cervical spine pain, 7/10 thoracic spine pain, 8/10 lumbar spine pain, and 5/10 bilateral shoulder pain, along with objective findings of paraspinal tenderness. Current diagnoses are sprain of the neck, sprain of the shoulder/arm, sprain of the thoracic region, and sprain of the lumbar region. Treatment to date is documented as including physical therapy, activity modifications, medications (including Tramadol, Naproxen, Omeprazole, and Cyclobenzaprine), previous shockwave therapy, and previous acupuncture. The number of previous acupuncture treatments cannot be determined. Regarding extracorporeal shockwave therapy, there is no documentation of pain from calcifying tendinitis of the shoulder that has remained despite six months of standard treatment; no documentation of the presence or absence of contraindications; and no documented functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of therapy provided to date. Regarding acupuncture, there is no documentation of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services as a result of acupuncture provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy one time per week for six weeks: 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), Treatment Index, 12th Edition (web), 2014, Shoulder, Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: ACOEM guidelines identify some medium-quality evidence supporting manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In addition, ACOEM Guidelines state there is a recommendation against using extracorporeal shockwave therapy for evaluating and managing elbow complaints. The MTUS, in the definitions section, identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The ODG Shoulder chapter identifies documentation of pain from calcifying tendinitis of the shoulder that has remained despite six months of standard treatment; at least three conservative treatments have been performed prior to use of ESWT (a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, f. Injections (Cortisone)); and absence of contraindications (Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition), as criteria necessary to support the medical necessity of extracorporeal shockwave treatment for the shoulder. Within the medical information available for review, there is documentation of a diagnosis of sprain of neck, sprain shoulder/arm, sprain thoracic region, and sprain lumbar region. In addition, there is documentation that at least three conservative treatments have been performed prior to use of ESWT (rest, NSAIDs, and physical therapy). However, there is no documentation of pain from calcifying tendinitis of the shoulder that has remained despite six months of standard treatment, nor is there an absence of contraindications (Patients with bilateral pain). In addition, given the fact that there has been previous extracorporeal shockwave therapy, there is no documentation of functional benefit or improvement as a result of therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for extracorporeal shockwave therapy one time per week for six weeks is not medically necessary.

Acupuncture two times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of a diagnosis of sprain of neck, sprain of shoulder/arm, sprain of thoracic region, and sprain of lumbar region. In addition, there is documentation of previous acupuncture treatments. However, there is no documentation of the number of previous acupuncture treatments and no indication of any functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services as a result of acupuncture provided to date. Therefore, based on guidelines and a review of the evidence, the request for acupuncture two times a week for four weeks is not medically necessary.