

Case Number:	CM14-0052752		
Date Assigned:	07/07/2014	Date of Injury:	09/13/2012
Decision Date:	08/28/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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:

This is a 48-year-old male with a 9/13/12 date of injury. The mechanism of injury was while pulling a manual pallet jack to remove three heavy pallets from the truck, he experienced a snap and pain in his right upper quadrant of the abdomen and noticed a lump in this area. According to a 12/19/13 progress report, the patient complained of increased pain down the cervical and lumbar spine with tightness and stiffness. He continued to have discomfort to the right upper quadrant abdomen, numbness and tingling of the bilateral upper extremities, and bilateral elbow pain. Objective findings: tenderness over the left cervical musculature trapezius, ROM is 90% of normal; tenderness over the right more than left paraspinal musculature with guarding, ROM is 80% of normal; tenderness over the lateral epicondyle bilaterally with swelling; tenderness over the posterior lateral wrist. Diagnostic impression: cervical spine sprain/strain, bilateral epicondylitis, bilateral wrist tendonitis, lumbar spine sprain/strain, lower extremity radiculopathy, bilateral hernia, depression and anxiety. Treatment to date: medication management, activity modification. A UR decision dated 4/1/14 denied the request for Extracorporeal Shock Wave Therapy (ESWT) for the left shoulder. The patient has non-calcifying tendonitis of the shoulder, and guidelines support use for calcific tendonitis only. In addition, there is no discussion of shoulder symptoms in the submitted report or summary of failure of conservative care prior to consideration. Medical necessity is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or Low energy Extracorporeal Shock Wave Therapy for the left shoulder x 5 treatments (1 treatment every 2 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Physical Modalities. Official Disability Guidelines (ODG), Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (Shoulder Chapter).

Decision rationale: CA MTUS states that physical modalities, such as ultrasound treatment, are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral; with high energy extracorporeal shock wave therapy recommended for calcifying tendinitis of the shoulder. There is no diagnosis of calcifying tendinitis of the shoulder documented in the reports reviewed. In addition, according to a 12/19/13 progress note, the physician is requesting physical therapy. However, there is no documentation whether the patient has completed physical therapy and if his condition has improved or not. Furthermore, there is no documentation of failure of other conservative treatment modalities. Therefore, the request for High and/or Low energy Extracorporeal Shock Wave Therapy for the left shoulder x 5 treatments (1 treatment every 2 weeks) was not medically necessary.