

Case Number:	CM14-0062699		
Date Assigned:	07/11/2014	Date of Injury:	03/11/2013
Decision Date:	09/17/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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:

The injured worker is a 43-year-old female with a reported date of injury on 03/13/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbago, displacement of lumbar intervertebral disc without myelopathy, low back pain with bilateral lower extremity radiculopathy, myalgia, neural foraminal narrowing at L4-5, and neural foraminal stenosis at L5-S1. Her previous treatments were noted to include shockwave therapy, trigger point injections, acupuncture, medications, and epidural steroid injections. The progress note dated 02/06/2014 revealed the injured worker complained of cervical, lumbar, shoulder, wrist/hand, and knee pain rated 2/10 to 6/10. The injured worker indicated the previous epidural Steroid injection did help her but she still had difficulty with prolonged standing and walking. The majority of the progress note is illegible. The request for Authorization form was not submitted within the medical records. The request was for an extracorporeal shockwave therapy (ESWT) 1 x week x 6 weeks to the neck, lumbar spine, right upper and right lower extremity; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy 0019T 1 X 6 neck, lumbar spine, right upper and right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, ESWT.

Decision rationale: The request for an Extracorporeal Shockwave Therapy 0019T 1 x 6 to the neck, lumbar spine, right upper and lower extremity is non-certified. The injured worker has received at least 3 Extracorporeal Shockwave Therapy treatments to the neck. The Official Disability Guidelines recommend Extracorporeal Shockwave Therapy for calcifying tendinitis but not for other shoulder disorders. High energy ESWT decreases pain and improves function in patients with calcific shoulder tendinitis and may be a good alternative to conventional therapies, according to a systematic review. In patients with calcific shoulder tendinitis, high energy ESWT appeared to help alleviate shoulder pain, improve function, and resolve calcifications, but low energy ESWT improved only function. With noncalcific tendonitis, the results were quite different. ESWT was ineffective for pain, and that was true regardless of the energy level. The guidelines criteria for the use of Extracorporeal Shockwave Therapy is for patients whose pain from calcifying tendinitis of the shoulder has remained despite 6 months of standard treatment. At least 3 conservative treatments have been performed prior to the use of the ESWT, including rest, ice, NSAIDs, orthotics, and physical therapy. The guidelines criteria is a maximum of 3 therapy sessions over 3 weeks. The injured worker has received 3 previous ESWT sessions to the neck, however, there is a lack of documentation regarding efficacy of this procedure and if it was also performed to the lumbar spine, and right upper and lower extremity. Additionally, the request for 6 ESWTs exceeds guideline recommendations of 3 therapy sessions. Therefore, the request is non-certified.