

Case Number:	CM14-0062915		
Date Assigned:	07/11/2014	Date of Injury:	10/04/2001
Decision Date:	08/25/2014	UR Denial Date:	04/24/2014
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 Illinois. 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 53-year-old female who reported an injury on 10/04/2001. The diagnosis was headaches, sprain of neck, cervical disc displacement, brachial neuritis NOS, shoulder region disc NEC, and a sprain of the shoulder/arm NOS. The injured worker was noted to undergo an NCV/EMG on 06/04/2013. The mechanism of injury was not provided. There was no DWC Form RFA or PR-2 submitted for review to support the requested procedures. As such, there could be no documentation of the medications, objective physical examination, or subjective complaints as well as surgical history. The request was made for physical therapy for the cervical spine, right shoulder, and lumbar spine, neural stimulator therapy for the lumbar spine, shockwave therapy for the right shoulder, cervical, and lumbar spine, and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical spine, right shoulder, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 98, 99 Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical therapy for the treatment of myalgia and myositis for 9 to 10 visits. There was no documentation of physical examination as well as a DWC Form RFA to support the necessity for therapy. There was a lack of documentation of prior treatments. The request as submitted failed to indicate the frequency for the requested service. Given the above, the request for Physical Therapy for cervical spine, right shoulder, and lumbar spine is not medically necessary.

Neurostimulation therapy, lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), page 121 Page(s): 121.

Decision rationale: The California MTUS Guidelines do not recommend neuromuscular electrical stimulation for the treatment of chronic pain. There was a lack of documentation including a PR-2 or DWC Form RFA to support the request. Additionally, the request as submitted failed to indicate the frequency and quantity of treatments being requested. Given the above, the request for Neurostimulation Therapy is not medically necessary.

Shockwave therapy, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The ACOEM Guidelines indicate that some medium quality evidence supports the use of high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. There was no DWC Form RFA or PR-2 submitted to indicate the injured worker had calcifying tendinitis. There was a lack of documentation per the submitted request indicating the number of sessions. Given the above, the request for Shockwave Therapy for right shoulder is not medically necessary.

Shockwave therapy, cervical and lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wang, Ching-Jen. "Extracorporeal shockwave therapy in musculoskeletal disorders." Journal of orthopaedic surgery and research 7.1 (2012): 1-8.

Decision rationale: Per Wang, Ching-Jen (2012), The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related over-use tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or non-calcific tendonitis of the shoulder and patellar tendinopathy etc. There was no DWC Form RFA or PR-2 submitted for the requested procedure. The request as submitted failed to indicate the frequency and quantity of sessions being requested. Given the above, the request for Shockwave Therapy for cervical and lumbar, is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 5, page 89-92.

Decision rationale: ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. There was no documentation of a DWC Form RFA, PR-2 and a documented rationale for a functional capacity evaluation. Given the above, the request for a Functional Capacity Evaluation is not medically necessary.