

<b>Case Number:</b>	CM14-0072539		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/01/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 62 year old female sustained a work related injury on 12/01/2013. The current diagnoses are neck, thoracic, and lumbar sprain/strain. According to the progress report dated 4/2/2014, the injured workers chief complaints were bilateral shoulder pain, lumbar back pain, and insomnia. The physical examination revealed left shoulder tenderness and decreased range of motion. The injured worker was previously treated with medications, physical and manipulating therapy, acupuncture, and injections. The treating physician prescribed shockwave treatments, which is now under review. When shockwave treatments were first prescribed work status was off work. On 4/21/2014, Utilization Review had non-certified a prescription for 9 sessions of shockwave treatments. The shockwave treatments were non-certified based on lack of documentation of a supportive condition. The California MTUS ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Treatment x 9 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute and chronic) disorders, Extracorporeal shock wave therapy (ESWT). Other Medical Treatment Guideline or Medical Evidence: Aetna clinical policy bulletin Number: 0649.

**Decision rationale:** Shockwave Treatment x 9 Sessions is not medically necessary per the MTUS and ODG guidelines. The request as written does not specify body part for the shockwave to be applied. The ACOEM guidelines state that there is some medium quality evidence for high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ODG recommends extracorporeal shock wave therapy (ESWT) for calcifying tendinitis but not for other shoulder disorders. The documentation submitted reveals no evidence of calcifying tendinitis in the shoulder. The MTUS guidelines do not discuss ESWT for the cervical or lumbar spine. . The ODG does not discuss ESWT for the cervical spine. Other guidelines such as Aetna clinical policy bulletin were reviewed and do not recommend ESWT for low back pain or other musculoskeletal conditions (i.e. cervical spine). Due to the fact that the request does not specify body part, and that ESWT is not recommended for the cervical or muscle spasm/pain and the patient does not have evidence of calcific shoulder tendinitis the request for shockwave treatment x 9 sessions is not medically necessary.