

Case Number:	CM14-0077611		
Date Assigned:	07/18/2014	Date of Injury:	12/10/2010
Decision Date:	10/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 60-year-old female with a reported date of injury on 12/10/2010. The mechanism of injury was noted to be a fall. Her diagnoses were noted to include cervical, thoracic, and lumbar spine sprain/strain. Her previous treatments were noted to include physical therapy, acupuncture, trigger point injections, and medications. The progress note dated 03/26/2014 revealed complaints of pain to the neck, upper back, and lower back. The physical examination revealed diminished sensation to the right mid anterior thigh, right mid lateral calf, and right lateral ankle. The request for authorization form dated 03/26/2014 was for shockwave therapy to the thoracic spine once a week times 6. 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:

Shockwave therapy thoracic spine 1 week x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Shoulder, Extracorporeal shock wave therapy (ESWT), Official Disability Guidelines, Treatment Index, 11th Edition (web) 2013 Low back, Shock wave therapy

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

Decision rationale: The request for Shockwave therapy thoracic spine 1 week x 6 is not medically necessary. The injured worker complains of neck, upper back, and lower back pain. The Official Disability Guidelines recommend extra corporeal shockwave therapy for calcifying tendonitis but not for other shoulder disorders. For patients with calcifying tendonitis of the shoulder and inhomogeneous deposits, quality evidence has found extra corporeal shockwave therapy is equivalent or better than surgery, and it may be given priority because of its invasiveness. The criteria for the use of extra corporeal shockwave therapy are for patients whose pain from calcifying tendonitis of the shoulder has remained despite 6 months standard treatment. At least 3 conservative treatments have been performed prior to the use of ESWT. This would include rest, ice, NSAIDs, orthotics, physical therapy, and injections. There is a maximum of 3 therapy sessions over 3 weeks required. There is a lack of documentation regarding clinical findings consistent with the thoracic pain. The guidelines do not recommend extra corporeal shockwave therapy except for cases of calcifying tendonitis in the shoulder. Additionally, the request for 6 sessions of shockwave therapy exceeds guideline recommendations. Therefore, the request is not medical necessity.