

Case Number:	CM14-0080222		
Date Assigned:	07/18/2014	Date of Injury:	03/15/2014
Decision Date:	09/17/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 Preventative 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:

According to the records made available for review, this is a 39-year-old male with a 03/15/2014 date of injury. There is documentation of subjective bilateral shoulder pain rated 5/10; neck pain with radiation to the bilateral upper extremities with associated numbness and objective of decreased cervical spine range of motion, positive foraminal compression and Jackson's tests, tenderness at the biceps, acromioclavicular joint and rhomboid muscles bilaterally, decreased range of motion of shoulders, positive impingement and apprehension tests. Current diagnoses include cervical sprain/strain and left shoulder sprain/strain. Treatment to date includes activity modification. Regarding the requested 3 sessions of shockwave therapy for the left shoulder, there is no documentation of calcifying tendinitis of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the left shoulder; 3 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: The MTUS reference to ACOEM guidelines identifies documentation of calcifying tendinitis of the shoulder, as criteria necessary to support the medical necessity of extracorporeal shock wave therapy. The ODG identifies documentation of pain from calcifying tendinitis of the shoulder that has remained despite six months of standard treatment; at least three conservative treatments have been performed prior to use of extracorporeal shock wave therapy (Rest, Ice, NSAIDs, Orthotics, physical therapy, Injections (Cortisone)), and absence of contraindications (pregnant women, patients younger than 18 years of age, patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage, patients with cardiac pacemakers, patients who had physical or occupational therapy within the past 4 weeks, patients who received a local steroid injection within the past 6 weeks, patients with bilateral pain, patients who had previous surgery for the condition); as criteria necessary to support the medical necessity of extracorporeal shock wave therapy. Within the medical information available for review; there is documentation of diagnoses of cervical sprain/strain and left shoulder sprain/strain. However, there is no documentation of calcifying tendinitis of the shoulder. Therefore, based on guidelines and a review of the evidence, the request for 3 sessions of shockwave therapy for the left shoulder is not medically necessary.

Shockwave therapy for the cervical spine; 6 sessions: Upheld

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

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; www.anthem.com.

Decision rationale: The MTUS does not address this issue. The guidelines identify that extracorporeal shock wave therapy for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. Therefore, based on guidelines and a review of the evidence, the request for 6 sessions of shockwave therapy for the cervical spine is not medically necessary.