

Case Number:	CM14-0086104		
Date Assigned:	07/23/2014	Date of Injury:	03/12/2013
Decision Date:	12/02/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational 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:

This case is a 25 year old female with a date of injury on 3/12/2013. A review of the medical records indicate that the patient has been undergoing treatment for C5/6/7 disc protrusion, right shoulder tendinosis, left shoulder supraspinatus, bilateral wrist pain. Subjective complaints (4/4/2014) include 4/10 pain at the neck, shoulder, wrist, and knees and increases with activity and decreases with therapy/meds. Objective findings (4/4/2014) include limited ROM to cervical and lumbar spine. Treatment has included chiropractic therapy (unknown number of sessions), acupuncture, physical therapy, and ECSWT (date unknown). A utilization review dated 5/16/2014 non-certified a request for ECSWT 1x/week x 4-6 weeks, cervical, lumbar, bilateral shoulders, bilateral wrists due to multiple body parts not recommended by ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECSWT (Extracorporeal Shock Wave Therapy), 1x/week x 4-6 weeks, cervical, lumbar, bilateral shoulders, bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/12/14): Shock Wave Therapy; ODG, Shoulder, Extracorporeal Shock Wave Therapy (ESWT); ODG, Elbow, Extracorporeal Shock Wave Therapy (ESWT);

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, Low Back - Shock wave therapy Other Medical Treatment Guideline or Medical Evidence: pub med search ESWT and wrist

Decision rationale: MTUS does not specifically refer to Electric Shockwave therapy. The ODG guidelines were consulted for ESWT treatment of the shoulder and only recommended Shoulder ESWT when: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone) Medical records does not detail what conservative therapy was tried and does not provide any detail regarding the physical therapy of the shoulder. ODG does not specify shock wave therapy for wrist and cervical neck, but does detail therapy of lumbar spine, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." Medical documents do not provide sufficient details of failed conservative therapy for the shoulder and guidelines do not recommend shock wave therapy for lumbar spine. As such, the request for ECSWT (Extracorporeal Shock Wave Therapy), 1x/week x 4-6 weeks, cervical, lumbar, bilateral shoulders, bilateral wrists is not medically necessary.