

Case Number:	CM14-0088969		
Date Assigned:	07/23/2014	Date of Injury:	04/04/2011
Decision Date:	10/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 Pain 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:

The records presented for review indicate that this 50 year-old individual was reportedly injured on April 4, 2011. The mechanism of injury reported is the stack of files on a shelf above the printer fell, hitting the claimant in the neck and experiencing a sharp pain in the neck radiating to the right shoulder. The more recent documentation referencing this procedure includes a progress note dated April, 16, 2013 noting the extracorporeal shockwave procedure was performed for a diagnosis of myofascial pain syndrome of the cervical spine. At that time, it was noted that the claimant continued to have significant residual symptoms of the cervical spine. There is no detailed physical examination documented on this procedure report, just a notation of no obvious signs of discomfort or tenderness to the treatment area. A subsequent report dated April 25, 2013 indicates that the claimant continues to complain of cervical spine pain and miles spasm with loss of motion. Physical examination on this date reveals limited and painful range of motion of the cervical spine in the right shoulder with pain to palpation and muscle spasm of the cervical spine and right shoulder. Swelling of the cervical spine and shoulder has been documented with sensory loss in the right upper extremity in the right hand. Trigger points in the cervical spine and right shoulder are noted. A notation is made of "positive MRI imaging and NCV of the upper extremities." Details of the studies are not referenced. Shockwave therapy is included in part of the treatment recommendation. Previous treatment includes physical therapy, activity modifications, and pharmacotherapy including: anti-inflammatory medication, topical analgesics, muscle relaxants, and opioid analgesics. Current work status not noted in provided documentation. A request had been made for shockwave therapy and was not certified in the pre-authorization process on May 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Shockwave Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute & Chronic), Shock wave therapy Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The records presented for review indicate that this 50 year-old individual was reportedly injured on April 4, 2011. The mechanism of injury reported is the stack of files on a shelf above the printer fell, hitting the claimant in the neck and experiencing a sharp pain in the neck radiating to the right shoulder. The more recent documentation referencing this procedure includes a progress note dated April, 16, 2013 noting the extracorporeal shockwave procedure was performed for a diagnosis of myofascial pain syndrome of the cervical spine. At that time, it was noted that the claimant continued to have significant residual symptoms of the cervical spine. There is no detailed physical examination documented on this procedure report, just a notation of no obvious signs of discomfort or tenderness to the treatment area. A subsequent report dated April 25, 2013 indicates that the claimant continues to complain of cervical spine pain and muscle spasm with loss of motion. Physical examination on this date reveals limited and painful range of motion of the cervical spine in the right shoulder with pain to palpation and muscle spasm of the cervical spine and right shoulder. Swelling of the cervical spine and shoulder has been documented with sensory loss in the right upper extremity in the right hand. Trigger points in the cervical spine and right shoulder are noted. A notation is made of "positive MRI imaging and NCV of the upper extremities." Details of the studies are not referenced. Shockwave therapy is included in part of the treatment recommendation. Previous treatment includes physical therapy, activity modifications, and pharmacotherapy including: anti-inflammatory medication, topical analgesics, muscle relaxants, and opioid analgesics. Current work status not noted in provided documentation. A request had been made for shockwave therapy and was not certified in the pre-authorization process on May 18, 2014.