

Case Number:	CM14-0091260		
Date Assigned:	07/25/2014	Date of Injury:	05/25/2012
Decision Date:	10/03/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/16/2014

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 and is licensed to practice in Nevada. 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 48-year-old male was reportedly injured on 5/25/2012. The mechanism of injury was not listed. The most recent progress note, dated 5/7/2014, was handwritten and indicated that there were ongoing complaints of neck, back and right shoulder pains. Physical examination demonstrated tenderness to the right shoulder, right lateral shoulder and right lateral calf diminished. No recent diagnostic imaging studies available for review. Diagnoses: Cervical spine disk bulge, thoracic spine strain, lumbar spine disk rupture with radiculopathy, and right shoulder internal derangement. Previous treatment included lumbar trigger point impedance imaging, shoulder injection, acupuncture, physical therapy, medications and extracorporeal shockwave treatment on 12/9/2013, 4/18/2014, 4/25/2014 and 5/2/2014. A request had been made for shockwave therapy 1 x week x 6 weeks for the cervical, thoracic, lumbar spine, and right shoulder, which was not certified in the utilization review on 5/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy: 1 x week x 6 weeks; Cervical, Thoracic, Lumbar Spine, Right Shoulder.: 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 & Thoracic (Acute & Chronic), (updated 5/12/14), Shockwave Therapy;
Shoulder (updated 4/25/14), Extracorporeal shock wave therapy (ESWT).

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

Decision rationale: MTUS/ACOEM practice guidelines support Extracorporeal Shock Wave Therapy (ESWT) for treatment of calcific rotator cuff tendinitis of the shoulder that has failed 6 months of conservative treatment, physical therapy or occupational therapy, NSAID's, and cortisone injections. Review, of the available medical records, fails to document plain radiograph findings or a diagnosis of calcific rotator cuff tendinitis. In addition, ESWT is not addressed by the guidelines for the cervical, thoracic or lumbar spine. As such, this request is not considered medically necessary.