

Case Number:	CM13-0023388		
Date Assigned:	04/25/2014	Date of Injury:	01/19/1999
Decision Date:	10/07/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 68 year old female who sustained an industrial injury on 1-19-99. Progress report dated 7-2-13 reports continued complaints of intermittent neck pain that radiates down the left side greater than the right, rated 3 out of 10. She also has complaints of constant, sharp low back pain that radiates down the right side, rated 4 out of 10. She reports intermittent right shoulder pain rated 4 out of 10 and constant left shoulder pain rated 6 out of 10. She also has post surgical pain of the bilateral wrist and hands associated with numbness and tingling on the right ring finger, rated 3 out of 10. Diagnoses include: carpal tunnel syndrome right wrist, status post left carpal tunnel release 1-14-13, transition syndrome L3-4 with spinal stenosis and claudication, bilateral sacroiliac syndrome, status post L4 to sacrum, decompression and fusion solid and stable, status post bilateral shoulder arthroscopy, left shoulder internal derangement with severe degenerative changes in the glenohumeral joint, impingement and tendinosis, chronic pain syndrome status post anterior cervical decompression and fusion, moderate and status post right foot surgery on 3-8-13. Plan of care includes: ordered to undergo noninvasive shockwave treatment to left shoulder for three sessions and continue physical therapy on the right wrist 2 times per week for 4 weeks. Work status: temporarily totally disabled. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) sessions of shockwave therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shockwave therapy.

Decision rationale: The California MTUS and the ACOEM shoulder section do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy; Shockwave Therapy is not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy; 2. Three conservative therapies prior to ESWT have been tried prior; 3. No contraindications to therapy; 4. Maximum of 3 therapy sessions over 3 weeks. Criteria as outlined above has not been met and therefore the request is not certified and therefore is not medically necessary.