

Case Number:	CM14-0012956		
Date Assigned:	02/24/2014	Date of Injury:	02/11/2013
Decision Date:	01/02/2015	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/31/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, shoulder, and wrist pain reportedly associated with an industrial injury of February 11, 2013. In a Utilization Review Report dated January 7, 2014, the claims administrator failed to approve a request for extracorporeal shock wave therapy of the right upper extremity. It was stated that the applicant had had fairly extensive manipulative therapy, physical therapy, acupuncture, and six prior sessions of extracorporeal shock wave therapy to date. The claims administrator stated that its decision was based on a December 9, 2013 Request for Authorization (RFA) form. The applicant's attorney subsequently appealed. The applicant did in fact receive extracorporeal shock wave therapy to the lumbar spine on July 24, 2013. On September 23, 2013, the applicant received extracorporeal shock wave therapy to the elbow region. On September 16, 2013, the applicant again received extracorporeal shock wave therapy. On August 31, 2013, the applicant was described as off of work, on total temporary disability. MRI imaging and electrodiagnostic testing were endorsed. The applicant continued to receive extracorporeal shock wave therapy throughout late 2013 to various body parts. In a December 13, 2013 progress note, the applicant reported multifocal complaints of shoulder, elbow, wrist, neck, and low back pain, 6-7/10. Multiple dietary supplements, topical compounds, and oral suspensions were endorsed. The applicant's work status was not furnished. Twelve sessions of physical therapy to the right upper extremity and 18 sessions of chiropractic manipulative therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29, 203, Chronic Pain Treatment Guidelines Therapeutic Ultrasound topic, Page(s): 123.

Decision rationale: One of the applicant's primary pain generators here is the right elbow. However, as noted in the MTUS Guideline in ACOEM Chapter 10, page 29, extracorporeal shock wave therapy, the article at issue, is deemed "strongly recommended against." Similarly, the MTUS Guideline in ACOEM Chapter 9, page 203 further notes that medium quality evidence supports the usage of extracorporeal shock wave therapy for the specific diagnosis of calcifying tendonitis of the shoulder. Here, however, there is no evidence that the applicant carries a diagnosis of radiographically-confirmed calcifying tendonitis of the shoulder. Finally, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound, of which the extracorporeal shock wave therapy at issue is a subset, is deemed "not recommended." It is further noted that the applicant has already received extensive extracorporeal shock wave therapy (ESWT), despite the unfavorable MTUS positions on the article at issue. The applicant has, furthermore, failed to demonstrate any lasting benefit or functional improvement through the same. The applicant remains off of work, on total temporary disability, despite having received extensive amounts of extracorporeal shock wave therapy throughout late 2012, suggesting a lack of functional improvement as defined in MTUS 9792.20f with earlier treatment. Therefore, the request for additional extracorporeal shock wave therapy for the right upper extremity is not medically necessary.