

Case Number:	CM14-0181330		
Date Assigned:	11/06/2014	Date of Injury:	12/31/2012
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 63-year-old female legal court assistant who suffered a work injury after slipping on a wet floor on 12/31/2012. The treating physician report dated 9/30/14 indicates persistent right shoulder pain, bilateral knee pain, difficulty falling asleep due to pain and decreased strength and muscle mass. Examination findings from the same date indicate moderate tenderness in the AC joint, anterior labrum, supraspinatus, and infraspinatus. Positive orthopedic tests include empty can test and Codman's test. Shoulder flexion and abduction are limited to 130 degrees. Examination findings of the knee reveal tenderness in the medial and lateral joint area. Positive McMurray's test both knees. Right knee flexion is limited to 90 degrees while left knee flexion is limited to 80 degrees. The current diagnoses are right shoulder tendinitis; right knee sprain/strain; left knee pain, status post-surgery; and abdominal pain. The utilization review report dated 10/20/14 denied the request for shockwave therapy once a week for three weeks for the right shoulder and pool therapy twice a week for six weeks for the right shoulder, bilateral knee and lumbar spine based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy once a week for three weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter: Extracorporeal Shock Wave Therapy (ESWT)

Decision rationale: The injured worker presents with persistent shoulder and bilateral knee pain. The current request is for shockwave therapy once a week for three weeks for the right shoulder. The California MTUS does not address shock wave therapy. The Official Disability Guidelines indicates that Extracorporeal Shock Wave Therapy (EWST) is recommended for calcifying tendinitis but not for other shoulder disorders and only after failing at six months of standard treatment. While the provider lists the diagnosis of tendinitis, he fails to provide any indication that the injured worker suffers from calcifying tendinitis. The Official Disability Guidelines indicates a lack of evidence or benefits in non-calcifying tendinitis of the rotator cuff or other shoulder pain. Therefore, this request is not medically necessary.

Pool Therapy twice a week for six weeks for the right shoulder, bilateral knee, and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: The injured worker presents with persistent shoulder and bilateral knee pain. The current request is for pool therapy twice a week for six weeks for the right shoulder, bilateral knee and lumbar spine. The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. In this case, there is no documentation to explain why the injured worker requires pool therapy as opposed to conventional land based therapy. MTUS also only recommends 8-10 physical therapy sessions for myalgia and neuritis type conditions. The current request for 12 sessions of pool therapy is beyond the number of visits supported by the MTUS guidelines. Therefore, this request is not medically necessary.