

Case Number:	CM14-0181436		
Date Assigned:	11/06/2014	Date of Injury:	08/07/2013
Decision Date:	01/29/2015	UR Denial Date:	10/27/2014
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 Texas. 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:

Medical records reflect the claimant is a 45 year old male how sustained a work injury on 6-7-13. He had a Hangman's fracture. The claimant is status post C2-C3 fusion on 6-15-13. Office visit on 10-8-14 notes the claimant has neck, mid/upper, low back and bilateral shoulder, elbows and forearm pain. The claimant has stress and anxiety. On exam, the claimant has restricted range of motion of the cervical spine, with TTP, positive compression test. Exam of the thoracic spine shows restricted range of motion, and TTP. Exam of the lumbar spine shows restricted range of motion, TTP, positive SLR. The claimant has boatel elbow, forearm TTP. The claimant has completed 19 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the cervical spine Quantity: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

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 shockwave therapy

Decision rationale: ODG notes that extracorporeal shock wave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. There is an absence in documentation noting the claimant has calcific tendonitis. Therefore, the medical necessity of this request is not established.

Extracorporeal shockwave therapy for the left trapezius Quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Acute & Chronic)

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 shockwave therapy

Decision rationale: ODG notes that extracorporeal shock wave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. There is an absence in documentation noting the claimant has calcific tendonitis. Therefore, the medical necessity of this request is not established.

Acupuncture treatment for the cervical spine Quantity: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Acute & Chronic). Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)) neck chapter - acupuncture

Decision rationale: Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that time to produce functional improvement of 3 - 6 treatments. ODG notes that acupuncture is under study for upper back, but not recommended for neck pain. This claimant is not actively involved in physical therapy at this time. Therefore, the medical necessity of this request is not established.