

Case Number:	CM14-0190509		
Date Assigned:	11/24/2014	Date of Injury:	07/11/2013
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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:

According to the records made available for review, this is a 39-year-old female with a 7/11/13 date of injury. At the time (10/21/14) of the Decision for high and/or low energy extracorporeal shockwave treatment, right ankle, right shoulder, once every 2 weeks #4, there is documentation of subjective (right shoulder and ankle/foot pain) and objective (tenderness over subacromial region as well as distal clavicle) findings, current diagnoses (right shoulder sprain, right ankle/foot sprain/strain, and bilateral carpal/cubital tunnel), and treatment to date (ice, physical therapy, and medications (including ongoing treatment with Motrin)). Medical report identifies a request for extracorporeal shockwave therapy to treat recalcitrant Achilles tendinopathy and to treat non-calcific supraspinatus tendinopathy of the shoulder. There is no documentation of pain from plantar fasciitis; pain from calcifying tendinitis of the shoulder; and absence of contraindications (nerve damage).

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or Low Energy Extracorporeal Shockwave Treatment, right ankle, right shoulder, once ever 2 weeks #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Extracorporeal Shock wave Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 371;203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot; Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT)

Decision rationale: Specifically regarding ankle, MTUS reference to ACOEM Guidelines identifies that limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function and that there is insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. ODG identifies documentation of pain from plantar fasciitis and failure of at least 3 conservative treatment measures (rest, ice, NSAIDs, orthotics, physical therapy, or injections (Cortisone)) for six months, no contraindications (pregnant women; patients younger than 18; patients with blood clotting disease, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupation therapy within the past 4 weeks; patients who received a local steroid injection within the past 6 weeks; patients with bilateral pain; and patient who had previous surgery for the condition), as criteria necessary to support the medical necessity of shockwave therapy for ankle/foot. In addition, ODG identifies a maximum of 3 therapy sessions over 3 weeks. Specifically regarding shoulder, MTUS reference to ACOEM Guidelines identify some medium quality evidence supporting manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. ODG identifies documentation of pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment; at least three conservative treatments have been performed prior to use of ESWT (a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone)); and absence of contraindications (Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition), as criteria necessary to support the medical necessity of extracorporeal shockwave treatment for the shoulder. Within the medical information available for review, there is documentation of diagnoses of right shoulder sprain and right ankle/foot sprain/strain. In addition, there is documentation of at least three conservative treatments have been performed prior to use of ESWT (Ice, NSAIDs, and Physical Therapy). However, given documentation of a request for extracorporeal shockwave therapy to treat recalcitrant Achilles tendinopathy and to treat non-calcific supraspinatus tendinopathy of the shoulder, there is no documentation of pain from plantar fasciitis; and pain from calcifying tendinitis of the shoulder. In addition, given documentation of a diagnosis of bilateral carpal/cubital tunnel, there is no documentation of absence of contraindications (nerve damage). Therefore, based on guidelines and a review of the evidence, the request for high and/or low energy extracorporeal shockwave treatment, right ankle, right shoulder, once every 2 weeks #4 is not medically necessary.