

Case Number:	CM14-0195369		
Date Assigned:	12/03/2014	Date of Injury:	07/24/2013
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal Medicine, has a subspecialty in Health Promotion Model and is licensed to practice in Pennsylvania. 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 57-year-old woman with a date of injury of 07/24/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/20/2014 and 10/02/2014 indicated the worker was experiencing numbness and tingling in the arms and legs. These notes could not be read with complete confidence. Documented examinations described tenderness in the upper back muscles, positive Kemp's test on both sides, and positive testing involving raising straightened legs. The submitted and reviewed documentation concluded the worker was suffering from tendonitis in both shoulders, a left shoulder labral tear, right elbow sprain, tendonosis involving both wrists, meniscal tears in both knees, left hydronephrosis, a right inguinal hernia, and a prior left hernia repair. Treatment recommendations included oral and topical pain medications, Electrodiagnostic testing of legs, chiropractic care, urinary drug screen testing, shockwave therapy, activity modification, and referrals to several different specialist physicians. A Utilization Review decision was rendered on 11/10/2014 recommending non-certification for shockwave Neurostimulation (LINT) therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for shockwave, neurostimulation (LINT) therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203.

Decision rationale: The MTUS Guidelines discuss that there is medium quality evidence in the literature supporting the use of shockwave therapy for calcifying tendonitis of the shoulder. The submitted and reviewed documentation concluded the worker was suffering from tendonitis in both shoulders, a left shoulder labral tear, right elbow sprain, tendonosis involving both wrists, meniscal tears in both knees, left hydronephrosis, a right inguinal hernia, and a prior left hernia repair. However, there was no discussion suggesting the shoulder tendonitis was calcifying or extenuating circumstances to support this treatment in this setting. In the absence of such evidence, the current request for shockwave Neurostimulation (LINT) therapy is not medically necessary.