

Case Number:	CM14-0200741		
Date Assigned:	01/13/2015	Date of Injury:	10/16/2012
Decision Date:	03/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 has a date of injury of 9-2-11. There were apparent subsequent injuries to the same body part over the course of 1 year while working as a security guard. He is being treated for complaints of burning radicular neck pain rated as a pain level of 7/10. Physical examination is notable for impaired cervical range of motion in all planes. Sensation is impaired in bilateral upper extremities. Motor examination is remarkable for upper extremity muscle groups power is 4/5. Treatment diagnoses include cervical sprain rule out cervical radiculopathy. Orders are subsequently provided for a course of shock wave therapy 3 times for bilateral upper shoulders right knee and 6 times for the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE shockwave therapy for the neck (10/10/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Extracorporeal Shockwave Therapy

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

Decision rationale: The injured worker is being treated for cervical strain. Shockwave therapy x6 sessions has retrospectively contended. Official disability guidelines recommends extracorporeal shockwave therapy for calcific tendinitis, for a maximum of 3 therapy sessions over 3 weeks. There is no clear indication for Extracorporeal Shockwave Therapy to the spine nor is there documentation providing evidence of calcific tendonitis. Request is therefore not medically necessary.