

Case Number:	CM14-0201173		
Date Assigned:	12/11/2014	Date of Injury:	01/08/2014
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67 year old male patient who sustained a work related injury on 1/8/14. Patient sustained the injury when the bottom die insert fell out of forklift legs and fell on 8k hammer actuation pedal causing forklift to bounce 3 ft off the ground twice. The current diagnoses include head contusion, thoracic and lumbar sprain strain, and multilevel degenerative disc disease of the lumbar and cervical spine. Per the doctor's note dated 11/5/14, physical examination revealed limited range of motion of the cervical and lumbar spine. The medication lists include Naproxen. The patient has had MRI brain on 6/21/14 that revealed cyst; cervical MRI on 2/25/14 multilevel degenerative disc protrusions of the cervical spine, with foraminal stenosis, and lumbar MRI on 2/25/14 that revealed multilevel degenerative disc protrusions, lumbar spine, most pronounced at L5-S1, with left neural foraminal stenosis. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. He has had a urine drug toxicology report on 10/24/14 that was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Shockwave Therapy-Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 58-59, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014, Pain chapter; Urine drug testing (UDT), Medical food, Urine drug testing (UDT), Neck and upper back chapter, Electrotherapies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 10/20/14) Extracorporeal shockwave therapy (ESWT) Shoulder (updated 10/31/14) Extracorporeal shock wave therapy (ESWT).

Decision rationale: ACOEM and CA-MTUS guidelines do not address shock wave therapy. Per the cited guidelines, extracorporeal shockwave treatment is "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects..." Per the cited guidelines, extracorporeal shockwave treatment is "Recommended for calcifying tendinitis but not for other shoulder disorders.... There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions.... At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone).... maximum of 3 therapy sessions over 3 weeks." Any evidence of calcifying tendinitis was not specified in the records provided. As per cited guideline extracorporeal shockwave treatment is not recommended. Per the cited guidelines there was no high grade scientific evidence to support the use of extracorporeal shockwave treatment for this diagnosis. Patient has received an unspecified number of PT visits for this injury. The response to prior conservative treatments including physical therapy or chiropractic therapy was not specified in the records provided. The notes from the previous conservative treatments sessions were not specified in the records provided. The medical necessity of the request for Ortho Shockwave Therapy-Cervical Spine is not fully established in this patient.