MAXIMUS Federal Services

Case Number:	CM14-0203069		
Date Assigned:	12/30/2014	Date of Injury:	12/28/1996
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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, has a subspecialty in Medical Toxicology and is licensed to practice in West Virginia. 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:

This individual is a 67 year old male who sustained an industrially related injury on December 28th, 1996 involving his low back, neck, left knee and left upper extremities. He has ongoing complaints of bilateral upper extremity joint pain, low back pain, neck pain, left knee pain with weakness and crepitus. He notes that the pain persists about 95% of the time, he also reports paresthesia's in the distal upper extremities. The latest physical examination available in the provided medical record (6/5/14) details the following; reduced lumbar range of motion, tenderness to palpation of the paraspinal regions throughout the back. Mildly decreased lower extremity sensation and lower extremity distal weakness, which is stated by not defined in the medical note. There are further findings of decreased lower extremity deep tendon reflexes (+1) and bilateral positive straight leg raising tests. This request is for a TENS unit for back pain and extracorporeal shock wave therapy for pain in the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Shockwave Therapy -: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extra-corporeal shockwave therapy.

Decision rationale: The CA-MTUS ACOEM shoulder guidelines state; "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ODG states that; "Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating calcific tendinitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of non-inflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection." It further very clearly states that it is "Recommended for calcifying tendinitis but not for other shoulder disorders." There is no mention in the available record of a diagnosis of calcifying tendinitis, also, if this is the diagnosis there is no mention in the record of the multiple conservative treatments required before its use may be considered. As such the request for 12 shockwave therapy sessions is deemed not medically necessary.

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical stimulation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315,Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists. MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection:- Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits."While the medical documents do indicate that the pain is persistent but the record does not provided any description of pain level making the determination of effective versus non-effective control difficult, the treating physician does not specifically the uncontrolled pain due to diminished effectiveness of medications or poor control of pain with medications "due to side effects" while on tramadol or carisoprodol. Additionally, the medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. The medical documents do not indicate ongoing physical therapy and/or chiropractic treatment. Progress notes also do not detail unresponsiveness to other conservative

measures such as repositioning, heat/ice, etc. As such, the request for 1 TENS unit is deemed not medically necessary.