

Case Number:	CM14-0204958		
Date Assigned:	12/17/2014	Date of Injury:	08/29/2011
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/08/2014

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:

Injured worker is a male with date of injury 8/29/2011. Per primary treating physician's progress report dated 10/15/2014, the injured worker is status post right knee surgery and right shoulder surgery. He completed physical therapy but continues to have tendonitis with inflammation and pain with any increased activities. Cortisone injections are not recommended due to diabetes, so extracorporeal shockwave therapy for the right shoulder and knee is recommended for six weeks each body part. He continues to suffer from right knee pain, popping, clicking and associated weakness. Orthopedic surgery has requested authorization for right knee arthroscopy. He also suffers from significant limitations of his right upper extremity. He complains of persistent right shoulder pain and indicates that he feels the pain is grinding. He also complains of numbness and tingling into bilateral hands with right greater than left, frequent dropping of items and significant swelling. EMG and NCV of the upper extremities on 4/5/2013 indicate mild bilateral carpal tunnel syndrome. Physical exam does indicate that the injured worker has no difficulty standing from sitting. No knee or shoulder examination reported. Diagnoses include 1) bilateral carpal tunnel syndrome 2) right shoulder MLI 3) sleep deprivation 4) stress, anxiety, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the right knee and right shoulder, six sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg and Shoulder Chapters

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter, Extracorporeal shock wave therapy (ESWT) section.

Decision rationale: Extracorporeal shockwave therapy is a passive physical modality. The MTUS Guidelines indicate that there is some medium quality evidence that supports high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder and for plantar fasciitis. It is strongly recommended against for elbow disorders, and does not offer opinion of knee disorders. The ODG reports that ESWT is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. The requesting provider indicates the rationale for this therapy is that the injured worker has diabetes and cannot get cortisone injections. The injured worker is reported to needing knee surgery and the diagnoses "right shoulder MLI" is not explained. This request is not consistent with the recommendations of the MTUS Guidelines or the ODG. The request for extracorporeal shockwave therapy for the right knee and right shoulder, six sessions is determined to not be medically necessary.