

Case Number:	CM14-0075041		
Date Assigned:	07/16/2014	Date of Injury:	10/30/2013
Decision Date:	02/06/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 27 year old male with an injury date on 10/30/13. The patient complains of low lumbar pain and improving pain in left shoulder per 3/22/14 report. The patient also has stress, depression, anxiety, and insomnia per 3/22/14 report. The patient has been taking medication, but is still "not feeling completely perfect" per 1/18/14 report. Based on the 3/22/14 progress report provided by the treating physician, the diagnoses are: 1. Lumbar spine s/s 2. Lumbar disc syndrome without myelopathy 3. s/p cervical spine s/s, improved 4. Bilateral shoulder tendonitis with supraspinatus tendinosis, which shows some improvement A physical exam on 3/22/14 showed "L-spine range of motion is limited with flexion limited by 20 degrees." Left shoulder range of motion was limited per 1/18/14 report. The patient's treatment history includes medications, physical therapy, acupuncture. The treating physician is requesting shockwave therapy to extremities, and acupuncture time six sessions. The utilization review determination being challenged is dated 4/28/14. The requesting physician provided treatment reports from 10/30/13 to 4/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy to extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, ESWT.

Decision rationale: This patient presents with lower back pain, and left shoulder pain. The provider has asked for shockwave therapy to extremities on 3/22/14. The provider recommends continuation of "chiropractic/physical/modality therapy treatment," (24 sessions) and also recommends shockwave therapy "on extremities" per 3/22/14 report. Review of the reports do not show any evidence of shoulder MRIs being done in the past. Regarding extracorporeal shockwave therapy to the shoulder, ODG states recommended for calcifying tendinitis but not for other shoulder disorders. ODG states: "For patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. In treating calcifying tendonitis, both high-energy and low-energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished size of calcifications, but high-energy ESWT appears to be superior to low-energy ESWT." In this case, the patient presents with shoulder pain. The provider has requested extracorporeal shockwave therapy for the extremities, but ODG does not recommend such therapy for the shoulders except for calcifying tendinitis. The documentation does not include imaging of the shoulder to test for calcifying tendinitis, nor does the provider mention it in the reports. The request is not medically necessary.

Acupuncture six (6) sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with lower back pain, and left shoulder pain. The provider has asked for acupuncture six sessions on 3/22/14. Review of the reports do not show any evidence of having prior acupuncture treatments in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient has chronic low back/shoulder pain, and has not had a trial of acupuncture. The requested trial of 6 acupuncture sessions appears reasonable for this type of condition, per MTUS guidelines. The request is medically necessary.