

Case Number:	CM15-0000116		
Date Assigned:	01/09/2015	Date of Injury:	07/31/2012
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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: Preventive Medicine, Occupational Medicine

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 is a 63 year old male, who sustained an industrial injury on July 31, 2012. He has reported pain of the right shoulder, elbow, wrist and hand. The diagnoses have included right shoulder impingement, right Tardy/Cubital Tunnel syndrome, sprain right carpal wrist, CMC arthrosis and degenerative joint disease of the R-U joint. Treatment to date has included medications. Currently, the injured worker complains of continued right shoulder, elbow, wrist, and hand pain. The treating physician is requesting twelve sessions of extracorporeal shock wave therapy. The rationale for treatment was not documented in the medical records reviewed. On December 4, 2014 Utilization Review non-certified the request for extracorporeal shock wave therapy noting the lack of documentation to support the medical necessity of the service. The ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT); 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203. Decision based on Non-MTUS Citation Shoulder; ESWT Elbow; ESWTT
<http://emedicine.medscape.com/article/1267908-treatment>

Decision rationale: Guidelines support Extracorporeal Shockwave therapy for calcific tendonitis of the shoulder. However, the MTUS and ODG Guidelines do not report what a reasonable number of sessions would be. Other standards of care support 2-3 sessions as adequate if calcific tendonitis is present. The request for 12 sessions of ESWT is not consistent with Guidelines due to the lack of a clear cut diagnosis that Guidelines would support its use and the request vastly exceeds what is considered a reasonable number of treatments. The request for 12 sessions of Extracorporeal Shockwave therapy is not medically necessary.