

Case Number:	CM15-0006773		
Date Assigned:	01/22/2015	Date of Injury:	06/01/2011
Decision Date:	05/01/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 50-year-old female who sustained an industrial injury on 06/01/11. Initial complaints and diagnoses are not available. Treatments to date include medications, and multiple therapies. Diagnostic studies include MRIs and nerve conduction studies. Current complaints include back and bilateral wrist pain. In a progress note dated 11/10/14 the treating provider reports the plan of care to include acupuncture, chiropractic treatments, and shockwave treatment. The requested treatment is shockwave treatment to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 203; page 371; page 29 and 40.. Decision based on Non-MTUS Citation Khan K, et al. , Overview of the Management of Overuse (Chronic) Tendinopathy. Topic 230, version 15.0. UpToDate, accessed 04/24/2015.

Decision rationale: The ACOEM Guidelines support the use of shock wave therapy for some cases of calcifying shoulder tendinitis and plantar fasciitis, although the literature is limited. There is no good literature to support the use of shock wave therapy for back, elbow, knee, or wrist issues. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower and upper back, both wrists, and the right shoulder. The submitted and reviewed documentation did not include a discussion of special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ortho shockwave therapy to the cervical spine region is not medically necessary.