MAXIMUS Federal Services

Case Number:	CM15-0008889		
Date Assigned:	01/26/2015	Date of Injury:	08/08/2013
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/15/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 56 year old female who sustained an industrial injury on August 8, 2013. She has reported neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, mid back pain, and right knee pain and has been diagnosed with cervicalgia, cervical spine sprain/strain, cervical spondylosis, cervical spine lordosis, cervical disc displacement, r/o cervical radiculopathy, bilateral shoulder sprain/strain, bilateral shoulders osteoarthrosis, shoulder bursitis, shoulder effusion, bilateral elbow sprain/strain, bilateral wrist sprain/strain, bilateral wrist osteoarthrosis, thoracic spine pain, thoracic sprain/strain, and right knee sprain/strain. Treatment to date has included injections and medications. Currently the injured worker complains of neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, mid back pain, and right knee pain. The treatment plan included EMG/NCV of the bilateral upper extremities, injections, and medications. On December 29, 2014 Utilization review non certified shockwave therapy 3 treatment for bilateral shoulders, elbows, wrists, and right knee citing the ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy 3 treatments for bilateral shoulders, elbows, wrists and right knee:
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), ESWT, Elbow, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Extracorporeal shockwave therapy

Decision rationale: Pursuant to the Official Disability Guidelines, shockwave therapy three treatments for the bilateral shoulders, elbow, wrist and right knee are not medically necessary. Extracorporeal shock wave therapy (ESWT) is recommended for calcified tendinitis (of the shoulder) but not for other shoulder disorders. ESWT is not recommended for elbow disorders. High-energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. ESWT is not addressed in the Forearm, Wrist and Hand section of the Official Disability Guidelines. In this case, the injured worker's working diagnoses are cervicalgia; cervical spine sprain/strain; cervical spondylosis C5-C6 per x-rays 2/13/14; cervical spine lordosis C5-C6 per x-ray 2/13/14; cervical disc displacement (HNP) per MREO 3/28/14; r/o cervical radiculopathy; bilateral shoulder sprain/strain; bilateral shoulder OA per x-rays 2/13/24; shoulder bursitis per MRI 3/28/14; shoulder effusion per MRI 3/28/14; bilateral elbow sprain/strain; bilateral elbow enthesophyte per x-ray 2/13/14; bilateral wrist sprain/strain; bilateral wrist OA per x-ray 2/13/14; thoracic spine pain; thoracic spine sprain/strain; thoracic spine spondylosis per x-ray 2/13/14; thoracic spine HNP per MRI 3/28/14; right knee sprain/strain, r/o joint derangement; and chest pain with breathing. Subjectively, she complains of sharp stabbing radicular neck pain, pain to the bilateral shoulders, bilateral elbows, wrists, mid back and right knee. ESWT is not recommended for shoulder disorders other than calcified tendinitis of the shoulder. The injured worker does not carry a diagnosis of calcified tendinitis. Additionally, ESWT is not recommended for elbow disorders. ESWT is not addressed in the Forearm Wrist and Hand section of the ODG. Consequently, the guidelines do not recommend extracorporeal shock wave therapy for treatment of the shoulder, other than calcified tendinitis, and elbow disorders and, as a result, shockwave therapy three treatments for the bilateral shoulders, elbow, wrist and right knee are not medically necessary.