

Case Number:	CM15-0008954		
Date Assigned:	01/26/2015	Date of Injury:	08/08/2013
Decision Date:	03/24/2015	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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 08/08/2013. The mechanism of injury was cumulative trauma. Documentation of 11/17/2014 revealed the injured worker had complaints of radicular pain in the neck. The injured worker described her pain as frequent to constant and moderate to severe. The pain was associated with numbness and tingling in the bilateral upper extremities. The injured worker complained of sharp, stabbing, often sometimes dull and boring mid back pain. The pain was noted to be intermittent to constant and mild to moderate. The physical examination revealed the injured worker had decreased range of motion of the cervical spine. The cervical distraction and maximum foraminal compression tests were positive bilaterally. The myotomal strength at C5, C6, C7, C8, and T1 were decreased secondary to pain in the bilateral upper extremities. Sensation to pinprick and light touch was slightly diminished over C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. The injured worker had bilateral paraspinal muscle guarding with tenderness over the spinous processes or T3-6. The injured worker had decreased range of motion. The Kemp's test was positive. The dermatomes of the thoracic spine were within normal limits. The diagnoses included cervicgia, cervical spine strain and sprain, cervical spondylosis, lordosis, and cervical disc displacement along with rule out cervical radiculopathy and thoracic spine pain, thoracic spine sprain and strain, and thoracic spondylosis and HNP. The diagnostic studies included x-rays and MRIs. The treatment plan included PRP injections. There was no specific documentation requesting extracorporeal shockwave therapy treatments. There was no Request for Authorization submitted requesting the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 6 treatments for Cervical and Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines Neck and Upper Back (Acute & Chronic) (updated 11/18/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wang, Ching-Jen. "Extracorporeal shockwave therapy in musculoskeletal disorders." *Journal of orthopaedic surgery and research* 7.1 (2012): 1-8.

Decision rationale: Per Wang, Ching-Jen (2012), The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related over-use tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or non-calcific tendonitis of the shoulder and patellar tendinopathy etc. The clinical documentation submitted for review failed to indicate a rationale for the use of extracorporeal shockwave therapy. Given the above, the request for shockwave therapy 6 treatments for cervical and thoracic spine is not medically necessary.