

Case Number:	CM15-0009499		
Date Assigned:	02/24/2015	Date of Injury:	12/17/2012
Decision Date:	04/01/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Illinois

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 24-year-old female, who sustained an industrial injury on 12/17/2012. The details of the initial injury were not submitted for this review. The diagnoses have included, acupuncture, and therapeutic injections, cervical sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine sprain, lumbar sprain with radiculitis, bilateral shoulder tendinosis, bursitis, rule out rotator cuff tear, epicondylitis, and bilateral carpal and cubital tunnel syndromes. Treatment has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy. Currently, the injured worker complains of pain in neck, mid-upper back, bilateral shoulder, bilateral elbow, and bilateral wrists associated with numbness. On 11/13/14, the physical examination documented tenderness of cervical spine, positive for trigger point and positive cervical compression test, tenderness down throughout thoracic and lumbar spine musculature with muscle spasms noted and trigger points. The plan of care included continuation of physical therapy and shockwave therapy for the lumbar spine weekly for six weeks. On 12/20/2014 Utilization Review non-certified shockwave therapy treatment (once a week for six weeks for treatment of lumbar spine), noting the requested treatment was not recommended per guidelines for the diagnoses listed. The MTUS and ODG Guidelines were cited. On 1/16/2015, the injured worker submitted an application for IMR for a retroactive review of a shockwave therapy treatment (once a week for six weeks for treatment of lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective shockwave therapy treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Elbow (Acute & Chronic)Extracorporeal shockwave therapy (ESWT).

Decision rationale: The injured worker sustained a work related injury on 12/17/2012. The medical records provided indicate the diagnosis of acupuncture, and therapeutic injections, cervical sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine sprain, lumbar sprain with radiculitis, bilateral shoulder tendinosis, bursitis, rule out rotator cuff tear, epicondylitis, and bilateral carpal and cubital tunnel syndromes. Treatment has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy. The medical records provided for review do not indicate a medical necessity for Retrospective shockwave therapy treatment. Shockwave therapy is not one of the treatment modalities listed by the MTUS.