

Case Number:	CM15-0101458		
Date Assigned:	06/03/2015	Date of Injury:	11/01/2012
Decision Date:	07/02/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 11/01/2012. He has reported injury to the right shoulder. The diagnoses have included right shoulder bursitis subacromial; adhesive capsulitis; and status post surgery, right shoulder. Treatment to date has included medications, diagnostics, injection, home exercises, physical therapy, and surgical intervention. A progress note from the treating physician, dated 04/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of moderate right shoulder pain; and he does not use assistive devices or supports. Objective findings included motor strength of the right shoulder is 5-/5; deep tendon reflexes are normal and equal bilaterally at 2/2; range of motion is decreased with flexion, abduction, and external rotation; there is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, and posterior shoulder. The treatment plan has included chiropractic physiotherapy. Request is being made for unknown extracorporeal shockwave (ESWT) sessions; unknown localized intense neurostimulation therapy (LINT) sessions; and unknown trigger point impedance imaging (TPII).

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown extracorporeal shockwave (ESWT) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy. 2. Three conservative therapies prior to ESWT have been tried prior. 3. No contraindications to therapy. 4. Maximum of 3 therapy sessions over 3 weeks. The number of session is not defined, therefore the request is not certified or medically necessary.

Unknown localized intense neurostimulation therapy (LINT) sessions: 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Hyperstimulation analgesia (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, LINT.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that localized intense neurostimulation in the form of electrostimulation therapy is not recommended due to a lack of high quality studies showing efficacy. The therapy is still considered experimental. In addition, trigger point impedance imaging associated with LINT is not recommended. Therefore the request is not certified or medically necessary.

Unknown trigger points impedance imaging (TPII): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Trigger point impedance imaging (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, trigger point impedance imaging.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that localized intense neurostimulation in the form of electrostimulation therapy is not recommended due to a lack of high quality studies showing efficacy. The therapy is still considered experimental. In addition, trigger point impedance imaging associated with LINT is not recommended. Therefore the request is not certified or medically necessary.