

Case Number:	CM15-0105616		
Date Assigned:	06/09/2015	Date of Injury:	01/02/2008
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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 64 year old male, who sustained an industrial injury on 1/2/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having probable cervical disc rupture, lumbar disc rupture, probable left shoulder internal derangement, left elbow strain and right shoulder tendinosis with elbow strain. Surgeries include bilateral shoulder surgery, left ankle surgery and right knee surgery. There is no record of a recent diagnostic study. Treatment to date has included lumbar epidural steroid injection and medication management. In a progress note dated 4/14/2015, the injured worker complains of pain in the neck, low back, left shoulder, left hip, left knee, left ankle, right shoulder and right elbow. The treating physician is requesting 6 sessions of aqua therapy for the lumbar spine and left hip and shockwave therapy x4 to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy times 6 to lumbar spine and left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy times six for the lumbar spine and left hip are not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are probable cervical spine disc rupture; lumbar spine disc rupture; probable left shoulder internal derangement; left elbow strain; left hip strain; status post left knee surgery; left ankle internal derangement; right shoulder tendinosis; and right elbow strain. Subjectively, according to a progress note dated April 14, 2015, the progress note contains a check the box format indicating pain in the neck, low back, left shoulder, left hip, left knee and left ankle, right shoulder and right elbow. There are no specifics documented in medical record. Objectively, the light touch sensation section states left mid anterior thigh, left mid lateral calf, left lateral ankle are intact. There are no other objective findings in the medical record. There is no documentation indicating failed land-based therapy. The total number of land-based physical therapy sessions or aquatic therapy sessions to date or not documented in medical record. As a result, there is no documentation indicating objective functional improvement. Consequently, absent clinical documentation with objective functional improvement with prior physical therapy, failed land-based physical therapy, an indication reduced weight-bearing is indicated, aquatic therapy times six for the lumbar spine and left hip are not medically necessary.

Shockwave therapy times 4 to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Shoulder Procedure Summary Version last updated 08/27/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Electric shockwave therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, shockwave therapy times four to the right shoulder is not medically necessary. ESWT is indicated for calcified tendinitis but not other shoulder disorders. The criteria include pain from calcified tendinitis of the shoulder despite six months of standard treatment. At least three conservative treatments have been performed prior to use ESWT, rest, ice, nonsteroidal anti-inflammatory drugs, orthotics, physical therapy, injections; maximum of three therapy sessions over three weeks. In this case, the injured worker's working diagnoses are probable cervical spine disc rupture; lumbar spine disc rupture; probable left shoulder internal derangement; left elbow strain; left hip strain; status post left knee surgery; left ankle internal derangement; right shoulder tendinosis; and right elbow

strain. Subjectively, according to a progress note dated April 14, 2015, the progress note contains a check the box format indicating pain in the neck, low back, left shoulder, left hip, left knee and left ankle, right shoulder and right elbow. There are no specifics documented in medical record. Objectively, the light touch sensation section states left mid anterior thigh, left mid lateral calf, left lateral ankle are intact. There are no other objective findings in the medical record. ESWT is indicated for calcified tendonitis, but not other shoulder disorders. There is no documentation or evidence of calcified tendinitis in the medical record. There are no radiographs indicating calcified tendinitis in the medical record. There were no diagnoses indicating calcified tendinitis (of the shoulder) in the medical record. Consequently, absent clinical documentation of calcified tendinitis, shockwave therapy times four to the right shoulder is not medically necessary.