

Case Number:	CM15-0106216		
Date Assigned:	06/10/2015	Date of Injury:	05/11/2014
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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 37 year old male who sustained a work related injury May 11, 2014. Past history included hypertension. According to a primary treating physician's progress report, dated March 31, 2015, the injured worker presented with complaints of neck, left periscapular, and low back pain. He noted improved relief after acupuncture treatment for a few days, but pain still persists in the low back, neck, and left shoulder, described as nagging irritation. Physical examination of the left shoulder revealed tenderness to palpation and spasm at trapezius. Examination of the lumbar spine revealed tenderness to palpation at the sacroiliac joint and positive straight leg raise. Some handwritten notes are difficult to decipher. Diagnoses are lumbosacral sprain/strain with bilateral lower extremity radiculopathy and multi-level disc protrusion; cervical spine sprain/strain with left upper extremity radiculopathy, left shoulder periscapular; right plantar fasciitis. Treatment plan included to continue with remaining acupuncture treatments. Another progress report dated May 4, 2015, found the injured worker complaining of bilateral heel pain. Examination of the bilateral feet revealed tenderness to palpation planter fascia and bilateral heels. Some handwritten notes are difficult to decipher. Treatment plan included adjustment to medications and continued acupuncture, bilateral plantar fascia 2 x 3. At issue, is the request for authorization for electric shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric shockwave therapy 3 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines physical medicine guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) Elbow, Hand & Wrist Chapter, Extracorporeal shock-wave therapy.

Decision rationale: The patient presents with neck, left shoulder and low back pain. The request is for Electric Shockwave Therapy 3 treatments. The request for authorization is not provided. Physical examination of the left shoulder revealed tenderness to palpation and spasm over the trapezius. Examination of the lumbar spine revealed tenderness to palpation over the sacroiliac joint. Positive straight leg raise and Kemp's test, relief of symptoms after acupuncture treatment for a few days. ODG Guidelines, Shoulder (Acute & Chronic), extracorporeal shockwave therapy (ESWT) states that ESWT is recommended for "Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment". Regarding Extracorporeal shock-wave therapy in chapter 'Elbow, Hand & Wrist' and topic 'Extracorporeal shockwave therapy (ESWT)', ODG guidelines state that it is recommended for "Patients who's pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment... Recommended for calcifying tendinitis but not for other shoulder disorders... Maximum of 3 therapy sessions over 3 weeks". Treater does not discuss the request. While MTUS and ACOEM guidelines do not discuss Electric Shockwave Therapy, ODG guidelines do not recommend it for lumbar conditions. It is considered anecdotal and is still considered under study. ODG recommends ESWT "for calcifying tendinitis but not for other shoulder disorders." In this case, there is no documentation that patient presents with calcifying tendinitis. Therefore, the request is not medically necessary.