

Case Number:	CM15-0130229		
Date Assigned:	07/16/2015	Date of Injury:	10/11/2013
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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:

This 47 year old male sustained an industrial injury on 10/11/13. He subsequently reported upper extremity pain. Diagnosis include cervical myospasm, cervical radiculitis and bilateral shoulder impingement syndrome. Treatments to date include x-ray and MRI testing, acupuncture, injections, physical therapy and prescription pain medications. The injured worker continues to experience bilateral shoulder, cervical and thoracic spine symptoms. Upon examination, cervical spine range of motion was reduced and painful. There was tenderness to palpation and spasm of the bilateral trapezii, cervical paravertebral muscles, cervicothoracic junction, spinous and suboccipitals was noted. Cervical compression and Soto-Hall is positive. A request for Extracorporeal shockwave therapy for the neck, mid back and bilateral shoulders was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the neck, mid back and bilateral shoulders- 6 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), Lumbar, ESWT.

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

Decision rationale: The patient presents with neck pain radiating to bilateral arms, upper/mid back pain and bilateral shoulder pain. The request is for EXTRACORPOREAL SHOCKWAVE THERAPY FOR THE NECK, MID BACK AND BILATERAL SHOULDERS-6 sessions. The request for authorization is dated 05/11/15. MRI of the left wrist, 02/05/15, shows fluid in the distal radioulnar, radioscaphoid, ulnotriquetral and pisotriquetral joint spaces. MRI of the right wrist, 02/05/15, shows tear in the triangular fibrocartilage complex. MRI of the cervical spine, 03/23/15, shows C3-C5, facet arthropathy produces bilateral neuroforaminal narrowing; C5-6, disc herniation that abuts the thecal sac; C6-7, broad based disc herniation that abuts the spinal cord producing spinal canal narrowing. There is complaint of loss of sleep due to pain. Patient states that due to prolonged pain is causing stress and depression. Patient's medications include Ketoprofen, Cyclobenzaprine, Synapryn, Tabradol, Deprizine, Dicopanil and Fanatrex. Per progress report dated 06/22/15, the patient to remain off-work. 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 whose 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 has not provided reason for the request. ODG recommends ESWT "for calcifying tendinitis but not for other should disorders." Physical examination of the shoulders reveal no bruising, swelling, atrophy, or lesion present. The range of motion are decreased and painful. There is tenderness to palpation and muscle spasm of the acromioclavicular joint, anterior shoulder, glenohumeral joint, lateral should and posterior shoulder. However, there is no documentation that patient presents with calcifying tendinitis. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.