

Case Number:	CM15-0130778		
Date Assigned:	07/17/2015	Date of Injury:	07/14/2009
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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, Pain Management

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 injured worker is a 37 year old male who reported an industrial injury on 7/14/2009. His diagnoses, and or impression, were noted to include: lumbar sprain/strain; left shoulder bursitis and myoligamentous injury; right knee sprain/strain; left knee sprain/strain; right ankle sprain/strain; and depression, anxiety and loss of sleep. Recent magnetic resonance imaging studies of the lumbar spine were noted on 1/5/2015. His treatments were noted to include diagnostic magnetic resonance imaging studies of the left knee, right knee, left shoulder, and right ankle on 9/10/2014; multiple anatomical impairment measurement and rating reports. The progress notes of 1/19/2015 reported a re-evaluation of severe low-back pain aggravated by activities, and associated with numbness/tingling in the lower extremities, right > left; severe left shoulder pain, aggravated by activities and relieved by rest, heat and medications; severe bilateral knee pain, right > left, aggravated by activities and relieved by medications; severe right ankle pain, aggravated by activities and relieved by rest and medications; and anxiety and loss of sleep due to pain. Objective findings were noted to include that he appeared anxious and in mild distress due to pain; a guarded gait; tenderness and myospasm over the bilateral para-lumbar muscles and sciatic notches with positive bilateral straight leg raise and Braggard's test, and decreased range-of-motion; tenderness over the left shoulder, tenderness with myospasm over the left rotator cuff muscles, with positive impingement and supraspinatus tests and decreased range of motion; decreased grip strength on the right; and tenderness over the bilateral knee joint lines with painful patellar tracking and decreased range-of-motion. The physician's requests for

treatments were noted to include shock-wave therapy for the left shoulder, right knee and ankle, and the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, 1 time wkly for 4 wks, 4 sessions for Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Extracorporeal shock wave therapy (ESWT).

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

Decision rationale: Regarding the request for shockwave therapy, Occupational Medicine Practice Guidelines support the use of extracorporeal shock wave therapy for calcified tendinitis of the shoulder. Within the documentation available for review, there is no identification of clinical and imaging findings consistent with calcified tendinitis. As such, the currently requested shock wave therapy is not medically necessary.

Shockwave therapy, 1 time wkly for 4 wks, 4 sessions for Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee - Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Medical Policy # SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

Decision rationale: Regarding the request for ECSWT (Extracorporeal shock wave therapy) for the knee, California MTUS and ODG do not address the issue. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ECSWT (Extracorporeal shock wave therapy) for the knee is not medically necessary.

Shockwave therapy, 1 time wkly for 4 wks, 4 sessions for Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Medical Policy # SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

Decision rationale: Regarding the request for ECSWT (Extracorporeal shock wave therapy) for the ankle, California MTUS and ODG do not address the issue. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ECSWT (Extracorporeal shock wave therapy) for the ankle is not medically necessary.

Shockwave therapy, 1 time wkly for 4 wks, 4 sessions for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy.

Decision rationale: Regarding the request for ESWT for lumbar spine, California MTUS does not address the issue. ODG cites that it is not recommended for the lumbar spine, as the available evidence does not support its effectiveness in treating low back pain. In light of the above issues, the currently requested ESWT for lumbar spine is not medically necessary.