

Case Number:	CM15-0134382		
Date Assigned:	07/22/2015	Date of Injury:	11/05/2014
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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 33 year old female, who sustained an industrial injury on 11-05-2014. On provider visit dated 05-26-2015 the injured worker has reported right shoulder pain, left shoulder pain, cervical pain, right greater the left upper extremity symptoms, right wrist-hand pain, and left-hand pain. On examination of the tenderness of right shoulder anterior aspect and at acromioclavicular joint, positive impingement sign and swelling of the right shoulder was noted. Left shoulder was noted to be diffusely tender with a limited range of motion. Cervical spine was tender had a decreased range of motion. Positive Tinel's on right wrist-hand was noted and diminished sensation median nerve distribution and moderately positive Tinel's' left with diminished sensation median nerve distribution. The diagnoses have included right shoulder impingement with rotator cuff tendinopathy-tendinitis, left shoulder impingement, right median neuropathy-electrodiagnostically positive, rule out left median neuropathy and rule out cervical radiculopathy. Treatment to date has included physical therapy, acupuncture, medication, and injections to subacromial space. The provider requested extracorporeal shock wave therapy 1 time a week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy 1 time a week for 5 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

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, extracorporeal shock wave therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, extracorporeal shock wave therapy one time per week times five weeks 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 right shoulder impingement with rotator cuff tendinopathy/tendinitis; left shoulder impingement; right median neuropathy; rule out left median neuropathy; and rule out cervical radiculopathy. Subjectively, the injured worker has right shoulder pain. The injured worker fell 16 sessions of physical therapy with a cortisone injection. Additional complaints are left shoulder pain, cervical pain, right wrist and left wrist pain. The injured worker underwent an EMG/nerve conduction study of the right upper extremity in March 2015. The EMG results showed a right median neuropathy. Extracorporeal shock wave therapy ESWT is indicated for calcified tendinitis but not other shoulder disorders. There is no documentation the injured worker has calcified tendinitis. As a result, there is no clinical indication or rationale for extracorporeal shock wave therapy. Based on clinical information and medical record, the peer-reviewed evidence-based guidelines and the lack of an appropriate clinical indication, extracorporeal shock wave therapy one time per week times five weeks is not medically necessary.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other

diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality. In this case, the injured worker's working diagnoses are right shoulder impingement with rotator cuff tendinopathy/tendinitis; left shoulder impingement; right median neuropathy; rule out left median neuropathy; and rule out cervical radiculopathy. Subjectively, the injured worker has right shoulder pain. The injured worker failed 16 sessions of physical therapy with a cortisone injection. Additional complaints are left shoulder pain, cervical pain, right wrist and left wrist pain. The injured worker underwent an EMG/nerve conduction study of the right upper extremity in March 2015. The EMG results showed a right median neuropathy. Objectively, there is tenderness over the cervical spine with decreased range of motion. There is a positive Tinel's sign over the right wrist and hand with a moderately positive left Tinel's sign at the left. There is no clinical rationale for repeating the right upper extremity EMG/NCV (performed March 2015). Consequently, absent compelling clinical facts to support repeating the EMG/NCV of the right upper extremity, EMG/NCV of the bilateral upper extremities is not medically necessary.