

Case Number:	CM15-0134417		
Date Assigned:	07/22/2015	Date of Injury:	05/13/2014
Decision Date:	08/26/2015	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

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 is a 50 year old female with a May 13, 2014 date of injury. A progress note dated April 29, 2015 documents subjective complaints (neck pain that radiates to the top of the left more than right shoulder; left shoulder pain that occasionally radiates to the left side of the neck and the left arm; lower back pain and occasional pain that radiates to both knees; right knee pain that occasionally radiates to the right leg and right foot; occasional popping and clicking; left knee pain that radiates to the lower leg and the toes), objective findings (palpation of the cervical spine reveals tightness, spasm, muscle guarding at the trapezius, sternocleidomastoid and strap muscles on the left; decreased range of motion of the left shoulder; tenderness of the left bicipital groove and the vertebral border of the scapula; positive impingement test on the left; decreased range of motion of the lumbar spine; tightness and spasm of the paraspinal musculature bilaterally; facet joint tenderness bilaterally; decreased sensation at L5 and S1 bilaterally; decreased flexion of the bilateral knees; joint effusion of the left knee; positive chondromalacia patella compression test bilaterally; tenderness of the plantar fascia bilaterally), and current diagnoses (lumbosacral sprain/strain, rule out degenerative disc disease with intermittent symptoms of bilateral lower extremity radiculitis; right knee sprain/strain, rule out internal derangement, rule out chondromalacia of the patella; left knee sprain/strain; rule out internal derangement, rule out medial meniscus tear, rule out chondromalacia of the patella; symptoms of neck pain and left shoulder pain). Treatments to date have included imaging studies, medications, work restrictions, physical therapy, and acupuncture. The treating physician

documented a plan of care that included a trial of shockwave therapy with evaluation and treatment for the bilateral knees, left shoulder and bilateral hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of shockwave therapy with evaluation and treatment for the bilateral knees, left shoulder and bilateral hips, quantity: 5 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Index, 11th Edition (web), 2014, Shoulder, Extracorporeal Shockwave 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) Shoulder (Acute & Chronic) Chapter, under Extracorporeal shockwave therapy (ESWT) Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter, under Shock wave therapy Knee & Leg (Acute & Chronic) Chapter, under Extracorporeal shock wave therapy (ESWT).

Decision rationale: Based on the 04/29/15 progress report provided by treating physician, the patient presents with pain in the top in front of the LEFT shoulder occasionally radiating to the LEFT side of the neck and the LEFT arm. Pain in the RIGHT knee occasionally radiating to the RIGHT leg and RIGHT foot. Pain in the LEFT knee both on the inner and the outer side of the LEFT knee radiating to the lower leg and the toes. The request is for Trial Of Shockwave Therapy With Evaluation And Treatment For The Bilateral Knees, Left Shoulder And Bilateral Hips, Quantity: 5 Sessions. The Request for Authorization form is not provided. It would appear that she has undergone diagnostic testing in the form of x-rays and MRIs. Physical examination of the shoulders reveal there is tenderness of bicipital groove on the LEFT and tenderness of vertebral border of scapula on the LEFT. Positive Impingement test of the LEFT. Exam of the hips reveal there is no tenderness over trochanteric bursa, bilaterally. Exam of the knees reveal there is joint effusion, on the LEFT. Positive Chondromalacia Patella compression test, bilaterally. It appears she has undergone a course of therapy and acupuncture treatment with only temporary improvement in symptoms. Patient's medications include Anaprox, Tramadol, Flexeril and Omeprazole. Per progress report dated 04/29/15, the patient is on modified work. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under 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. Maximum of 3 therapy sessions over 3 weeks." ODG-TWC Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter, under Shock wave therapy states, "Not recommended." ODG-TWC Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Extracorporeal shock wave therapy (ESWT) states, "Under study for patellar tendinopathy and for long-bone hypertrophic non-unions. New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping." Treater does not discuss the request.

In this case there is no guideline support to use Shockwave Therapy for knee and hip conditions. For the shoulders, ODG recommends ESWT "for calcifying tendinitis but not for other shoulder disorders." Physical examination of the shoulders reveal there is tenderness of bicipital groove on the LEFT and tenderness of vertebral border of scapula on the LEFT. Positive Impingement test of the LEFT. However, there is no documentation that patient presents with calcifying tendinitis. Furthermore, the request for 5 sessions of Shockwave Therapy would exceed what is recommend by ODG. The request does not meet guideline indications. Therefore, the request is not medically necessary.