MAXIMUS Federal Services

Case Number:	CM15-0137125		
Date Assigned:	07/27/2015	Date of Injury:	05/10/2012
Decision Date:	09/10/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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 58 year old male who sustained an industrial injury on 5-10-12. He had complaints of right shoulder, upper extremity immediately and later complaints of neck pain. Treatments include: medications, chiropractic, myofascial release, physical therapy, hot and cold packs, acupuncture, shock-wave therapy, massage, traction, ultrasound, exercise, TENS unit, injections and surgery. Most recent progress note provided dated 4-10-15 reports continued complaints of neck and right shoulder pain. The neck pain has gradually progressed, radiates along the upper extremities and is rated 6-7 out of 10. The pain is made worse by lifting or overhead work and is relieved by medication, rest and massage. The right shoulder pain radiates along the upper extremity and is rated 8-9 out of 10. Cold and humidity aggravate the pain. The pain is relieved by medication, hot packs, rest and massage. Diagnoses include: cervical radiculopathy, right shoulder arthropathy, right shoulder impingement syndrome, cervical spine sprain and strain, disc bulge at C3-4, C4-5 and C5-6 with mild bilateral neural foraminal narrowing and status post right shoulder surgery with residual pain. Plan of care includes: recommend a set of 3 injections as an adequate therapeutic trial, offer nerve blocks depending on response to injections, request cervical epidural injection at C4-5, request right sided supra-scapular nerve block under fluoroscopy guidance, myoneural injections, treatments of acupuncture, chiropractic, physical therapy, cold unit and inferential unit should be offered. Start conservative therapy as per primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ortho shockwave treatments for the cervical 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: Report from the provider does not specify shockwave frequency, duration of the ESWT or specific indication to warrant this procedure. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitus, limited evidence for patellar tendinopathy and long-bone hypertrophic non-unions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amendable to ECSW treatment for the listed diagnoses involving the cervical spine. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The 6 ortho shockwave treatments for the cervical spine is not medically necessary and appropriate.