

Case Number:	CM15-0140073		
Date Assigned:	07/29/2015	Date of Injury:	03/09/2013
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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 injured worker is a 36 year old male who reported an industrial injury on 3-9-2013. His diagnoses, and or impression, were noted to include: tendonopathy-calcific tendinitis with left shoulder impingement, status-post left shoulder arthroscopy; cervical and lumbar myofascial pain; rule-out lumbar intradiscal component and radiculopathy. No current imaging studies were noted. His treatments were noted to include surgery; physical therapy; home exercise program; medication management; and rest from work. The progress notes of 6-4-2015 reported a worsening left shoulder condition, following initial improvement after left shoulder surgery that is refractory to extensive treatment, which included physical therapy, home exercises and injection therapy; with complaints of limited left shoulder range-of-motion, moderate cervical pain, and moderate-severe low back pain with left lower extremity symptoms. Objective findings were noted to include atrophy in the left deltoid musculature; decreased left shoulder range-of-motion; tenderness in the cervical spine with decreased range-of-motion; and tenderness in the lumbar spine with diminished sensation in the lumbosacral dermatomes, and decreased range-of-motion. The physician's requests for treatments were noted to include extracorporeal shock-wave therapy for the left shoulder, and the continuation of Hydrocodone.

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 left shoulder, 5 sessions, utilizing the EMS Swiss dolorclast ESWT device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal shockwave therapy (ESWT), pages 915-916.

Decision rationale: While Extracorporeal shock wave therapy may be indicated for calcific tendinitis, there are no high-quality randomized clinical studies showing long term efficacy. While ESWT may be a treatment option for calcifying tendinitis in patients with at least three failed conservative treatment trials for over six months, it is not recommended for chronic shoulder disorders, rotator cuff tears or osteoarthropathies. ESWT is also contraindicated in pregnant women, younger patients, and those with blood clotting diseases, active infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage, or in patients with cardiac pacemakers or those who had previous surgery as in this case s/p shoulder arthroscopy. Submitted reports have not demonstrated clear symptom complaints or clinical findings to support for this treatment under study nor is there evidence of failed conservative trials, new acute injury or progressive deterioration in ADLs to support for the treatment outside guidelines criteria. The Extracorporeal shockwave therapy for the left shoulder, 5 sessions, utilizing the EMS Swiss dolorclast ESWT device is not medically necessary and appropriate.

Hydrocodone 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic 2013 injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Hydrocodone 7.5mg #60 is not medically necessary and appropriate.

