

Case Number:	CM15-0143291		
Date Assigned:	08/06/2015	Date of Injury:	05/06/2014
Decision Date:	09/10/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: Family Practice

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 57 year old female who sustained an industrial injury on 5-6-2014. She was involved in direct impaction, outstretched hand, sustained angulated displaced rotated fracture involving the distal radius and ulna. She has complained of neck, left shoulder, and left elbow pain and has been diagnosed cervical spine sprain strain with radiculitis rule out herniated disc, left shoulder impingement, rule out internal derangement, and left elbow sprain strain. Treatment has included physical therapy, surgery, medical imaging, paraffin, heat, and ice. Examination of the cervical spine revealed 3+ tenderness over the paraspinal muscles, trapezius and parascapular muscles on the left. There was tenderness to palpation felt over the cervical spine process from C4-C7. Cervical compression test was positive on the left. Shoulder depression test was positive on the left. Examination of the left shoulder revealed positive impingement test. There was 3+ tenderness noted over the AC joint, coracoid process, bicipital groove, deltoid bursae, and GH joint on the left. Examination of the left elbow revealed 2+ tenderness over the lateral epicondyle. There was a positive Cozen's test and a visible surgical scar. The treatment plan included extra corporeal shockwave for the left shoulder. The treatment request included Extra Corporeal shockwave therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra corporeal shockwave therapy autonomic nervous system testing every 3 months shockwave left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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).

Decision rationale: This patient receives treatment for chronic shoulder, elbow and neck pain. This relates back to an industrial injury dated 05/06/2014. The patient's medical diagnoses include neck sprain with radicular symptoms, left shoulder impingement, and left elbow strain. This review addresses a request for ESWT every 3 months for the L shoulder. On exam, there was tenderness to palpation of the cervical spine muscles and spinal processes. There was a positive impingement test of the L shoulder. Extracorporeal Shockwave therapy (ESWT) may be medically indicated for the treatment of calcific tendinitis of the shoulder, but not for other shoulder disorders. The treatment criteria require that the documentation must contain signs of inhomogeneous deposits in the shoulder. Based on the documentation in this case, ESWT is not medically necessary.