MAXIMUS Federal Services

Case Number:	CM15-0145084		
Date Assigned:	08/06/2015	Date of Injury:	06/05/2009
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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 54 year old male who sustained a work related injury June 5, 2009. Past history included hypertension and diabetes mellitus. According to a primary treating physician's progress report, dated June 2, 2015, the injured worker presented with continued pain in his neck, bilateral shoulders, bilateral elbows and wrists. Objective findings included; decreased range of motion of the cervical spine with tenderness over C5-C7 bilaterally with spasm and numbness and tingling into both hands and fingers; decreased range of motion in the thoracolumbar spine with tenderness over the T4-T7 and L4-S1 with myospasm and numbness and tingling radiating from the lumbar spine to toes; decreased range of motion of both shoulders; tenderness over the lateral epicondyle of the elbows with decreased range of motion; decreased range of motion of both wrists with poor grip strength bilaterally; decreased range of motion of both knees with tenderness over the anterior aspect of the patella and over the medial malleolus bilaterally. Diagnoses are lumbar disc; cervical disc; right elbow sprain, strain; left shoulder impingement; left knee medial meniscus tear. Treatment plan included electrodiagnostic studies bilateral upper and lower extremities, refill Norco, and at issue, a request for authorization for electro shockwave therapy for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five (5) electro shockwave therapy visits for the bilateral shoulders: 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 (Acute & Chronic) Chapter, under Extracorporeal shockwave therapy (ESWT).

Decision rationale: This patient presents with continued pain in his neck, bilateral shoulders, bilateral elbows and wrists. The current request is for Five (5) electro shockwave therapy visits for the bilateral shoulders. The RFA is dated 06/18/15. Treatment history includes cortisone injections to the shoulders, physical therapy and medications. The patient is TTD. 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." According to progress report 06/02/05, the patient presents with continued pain in his neck, bilateral shoulders, bilateral elbows and wrists. Objective findings included decreased range of motion of both shoulders, with tenderness over the olecranon and over the AC articulation. The treater recommended "shock wave therapy for his both shoulders, left shoulder initially with the right to follow." MRI of the right shoulder dated 10/17/13 revealed supraspinatus and infraspinatus partial thickness tear. MRI of the left shoulder from 10/17/13 revealed a tear of the glenoid labarum with mild impingement. In this case, there is no evidence provided that the patient has calcifying tendinitis of the shoulder to warrant such therapy. Furthermore, ODG states that a "Maximum of 3 therapy sessions over 3 weeks" is allowed for patients with calcifying tendinitis. Given there is no documentation that patient presents with calcifying tendinitis and the request is for 5 sessions of Shockwave Therapy which exceeds what is recommend by ODG, the request does not meet guideline indications. Therefore, the request IS NOT medically necessary.