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| Case Number: | CM15-0160229 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 04/23/2014 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 07/22/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: Emergency Medicine

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 48 year old woman sustained an industrial injury on 4-23-2014. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain-strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, right shoulder sprain-strain rule out internal derangement, chest pain, thoracic spine pain, thoracic spine sprain-strain rule out herniated nucleus pulposus, low back pain, lumbar spine sprain-strain rule out herniated nucleus pulposus, and rule out lumbar radiculopathy. Treatment has included oral medications, shockwave therapy, and chiropractic care. Physician notes on a PR-2 dated 5-18-2015 show complaints of neck pain rated 6-7 out of 10 with radiculopathy to the bilateral upper extremities with numbness and tingling, right shoulder pain rated 6-7 out of 10 with radiation down the arm, chest pain rated 6-7 out of 10, mid back pain rated 6-7 out of 10 with spasms and radiculopathy, and low back pain rated 6-7 out of 10 with radiculopathy to the bilateral lower extremities with numbness and tingling. The physical examination shows tenderness to palpation of the cervical paraspinal muscles bilaterally, decreased range of motion across all planes of cervical spine movement, tenderness to the right acromioclavicular joint in the periscapular region, range of motion is decreased across all planes, bilateral upper extremity sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and T1 dermatomes, motor strength is 4 out of 5 in all muscle groups of the bilateral upper extremities, deep tendon reflexes are normal and symmetrical, vascular pulses are normal in the bilateral upper extremities, mild generalized tenderness is noted with palpation of the ribs, tenderness to palpation of the trapezius muscles and bilateral thoracic paraspinal muscles, range of motion of the thoracic spine is decreased

across all planes, tenderness to palpation is also noted to the lumbar paraspinal muscles and over the spinous processes from L4-S1, range of motion of the lumbar spine is decreased across all planes, straight leg raise is positive bilaterally at 45 degrees on the right and 35 degrees on the left, slightly decreased sensation is noted to pinprick and light touch in the L4, L5, and S1 dermatomes bilaterally, motor strength is 4 out of 5 in the bilateral lower extremities, deep tendon reflexes are 2+ and symmetrical, and vascular pulses are normal. Recommendations include electromyogram and nerve conduction studies of the bilateral upper and lower extremities, continue chiropractic care, continue shockwave therapy, orthopedic surgery consultation, platelet-rich plasma injections, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, up to 3 treatments for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Extracorporeal shock wave therapy (ESWT).

Decision rationale: As per MTUS Chronic pain guidelines, some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Official Disability Guidelines were reviewed for more detailed guidelines. Patient has a request for shockwave to shoulder for unknown reason. Patient does not meet a single criteria for treatment. Provider has failed to provide any supporting evidence that patient has calcific tendinosis. Patient does not have any shoulder pathology that can be treated with this treatment. Shockwave therapy of shoulder is not medically necessary.