

Case Number:	CM15-0165468		
Date Assigned:	09/03/2015	Date of Injury:	02/17/2015
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 65 year old female who sustained an industrial injury on 2-17-15. The diagnoses have included post traumatic cephalgia, cervical strain and sprain, lumbosacral sprain and strain, left shoulder strain and sprain, bilateral wrist strain and sprain and bilateral thumb tenosynovitis. Treatment to date has included medications, activity modifications, off of work, physical therapy, manipulating therapy, injections, extracorporeal shock wave therapy, chiropractic and other modalities. Currently, as per the physician progress note dated 4-16-15, the injured worker complains of pain in the neck and lower back. She also complains of pain and numbness in the bilateral wrists and bilateral thumbs. The pain in the neck is rated 8 out of 10 on the pain scale, the pain in the lower back and bilateral wrists is rated 5 out of 10 on pain scale and the pain in the bilateral thumbs is rated 9 out of 10 on pain scale. The objective findings- physical exam reveals that the cervical spine has grade 2-3 tenderness to palpation over the paraspinal muscles and palpable spasm. There is also restricted range of motion. The lumbar spine reveals 2-3 tenderness to palpation over the paraspinal muscles and palpable spasm. There is also restricted range of motion. The bilateral wrists reveal grade 2-3 tenderness to palpation and restricted range of motion. Work status is temporary partial disability from 4-16-15 to 5-21-15. The physician notes that based on the injured workers degree of progress with current treatment, the physician requested treatments included Chiropractic treatment for the cervical spine and bilateral hands 8 visits 2 times a week for 4 weeks and extracorporeal shockwave therapy of the left thumb base and wrist once per week for four weeks (1x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment; 8 visits (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions #8 (two times per week times four weeks) are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are posttraumatic cephalgia; cervical and lumbosacral musculoligamentous sprain strain; left shoulder sprain strain; bilateral wrist strain sprain; and bilateral thumb tenosynovitis. The date of injury is February 17, 2015. The request for authorization is dated April 16, 2015. According to the April 16, 2015 progress note, the injured worker subjective complaints are neck pain and bilateral wrist and thumb pain. The treating provider requested chiropractic treatment eight sessions. The guidelines recommend an initial trial of six visits over two weeks. The documentation indicates this is an initial request. The treating provider requested an excessive number of chiropractic treatments to the cervical spine and hands (#8 sessions). Based on clinical information and medical records, peer-reviewed evidence-based guidelines and request in excess of the recommended guidelines for a chiropractic initial trial, chiropractic sessions #8 (two times per week times four weeks) are not medically necessary.

Extracorporeal shockwave therapy; once per week for four weeks (1x4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/600_699/0649.html.

Decision rationale: Pursuant to the ACOEM, extracorporeal shock wave therapy one time per week times four weeks is not medically necessary. Aetna considers extracorporeal shock-wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g., rest, ice application, and medications). Aetna considers

extracorporeal shock-wave therapy (ESWT), extracorporeal pulse activation therapy (EPAT) (also known as extracorporeal acoustic wave therapy) experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: Achilles tendonitis (tendinopathy); Delayed unions; Erectile dysfunction; Lateral epicondylitis (tennis elbow); Low back pain you are here; Medial epicondylitis (golfers elbow); Non-unions of fractures; Osteonecrosis of the femoral head; Patellar tendinopathy; Peyronie's disease; Rotator cuff tendonitis (shoulder pain); Stress fractures; Wound healing (including burn wounds); Other musculoskeletal indications (e.g., calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). In this case, the injured worker's working diagnoses are posttraumatic cephalgia; cervical and lumbosacral musculoligamentous sprain strain; left shoulder sprain strain; bilateral wrist sprain; and bilateral thumb tenosynovitis. The date of injury is February 17, 2015. The request for authorization is dated April 16, 2015. According to the April 16, 2015 progress note, the injured worker subjective complaints are neck pain and bilateral wrist and thumb pain. Extracorporeal shock wave therapy is experimental and investigational for tenosynovitis of the thumb (not on the list of indications-supra). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations (experimental and investigational) for extracorporeal shock wave therapy to the thumb bases, extracorporeal shock wave therapy one time per week times four weeks is not medically necessary.