

Case Number:	CM15-0186773		
Date Assigned:	10/06/2015	Date of Injury:	02/02/2015
Decision Date:	11/12/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 29 year old male who sustained an industrial injury on 2-2-15. A review of the medical records indicates he is undergoing treatment for cervical spine sprain and strain, lumbar spine sprain and strain, left shoulder impingement, bilateral carpal tunnel syndrome with overuse syndrome and bilateral wrist strains, and bilateral lateral epicondylitis. Medical records (6-5-15 to 8-12-15) indicate that the injured worker is "relatively unchanged". Subjective complaints are not indicated in the 7-29-15 progress record. The physical exam reveals "ongoing spasm" and tenderness with restrictive motion of the cervical spine, both shoulders, thoracic, and lumbar spine. The treating provider indicates, "His lumbar spine has quite increased in the amount of pain with extension only to neutral". Diagnostic studies to date are not indicated in the records. However, a request is noted for MRIs of both shoulders, as well as the cervical, thoracic, and lumbar spine. The treatment plan includes chiropractic adjustments, medications, and a home exercise kit. A referral to shockwave therapy is noted on 6-5-15. The request for authorization (8-11-15) includes an MRI of both shoulders, chiropractic manipulation 1x6, home exercise kit, and continued medications and compound creams. The request for authorization (8-12-15) includes high and-or low energy extracorporeal shockwave treatment 4x (4 per diagnosis, 1 treatment every 2 weeks) energy level to be determined at time of treatment. The utilization review (8-18-15) indicates denial of the requests for chiropractic manipulation, the home exercise kit, and high and low extracorporeal shockwave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic once per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Chiropractic once per week for 6 weeks is not medically necessary per the MTUS Guidelines. The MTUS recommends a trial of manual medicine of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The documentation does not indicate evidence of functional improvement from prior chiropractic care therefore additional chiropractic treatment is not medically necessary. Furthermore, the request does not specify a body part for this treatment. For these reasons this request is not medically necessary.

Home Exercise Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg- Exercise equipment.

Decision rationale: Home Exercise Kit is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The documentation does not reveal the contents of this kit and there are no extenuating factors in the documentation that support the medical necessity of this kit. The ODG states that exercise equipment is considered not primarily medical in nature. The request for a home exercise equipment kit is not medically necessary.

High and Low Energy extracorporeal Shockwave: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shock wave therapy- Low Back Chapter and Shock wave therapy- Neck and Upper Back Chapter.

Decision rationale: High and Low Energy extracorporeal Shockwave is not medically necessary per the MTUS guidelines and the ODG. The MTUS guidelines do not discuss ESWT for the cervical or lumbar spine. The ODG states that shockwave therapy is not recommended for the neck and low back. The MTUS ACOEM guidelines states that some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ACOEM also states that limited evidence exists regarding extracorporeal shock wave therapy ESWT in treating plantar fasciitis to reduce pain and improve function. There are no objective imaging reports revealing calcific tendinitis of the shoulder. There is no quantity or body part specified for this treatment. The request for high and low energy extracorpeal shockwave is not medically necessary.