

Case Number:	CM15-0187190		
Date Assigned:	09/29/2015	Date of Injury:	07/25/2008
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old female, who sustained an industrial injury on July 25, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having protrusion L3-4 with bilateral foraminal stenosis, protrusion 4mm at L5-S1 with bilateral foraminal stenosis, annular tear L5-S1, status post lumbar surgery from 2009, thoracic pain, bilateral plantar fasciitis, cervical pain with upper extremity symptoms, right shoulder pain, thoracic pain, major depressive disorder and generalized anxiety disorder. Treatment to date has included injections, physical therapy, medication, exercise, activity modification, myofascial release and brace. On August 19, 2015, the injured worker complained of worsening right plantar foot pain rated an 8 on a 1-10 pain scale, left foot pain rated a 3, low back pain rated a 6, thoracic pain rated a 5, left hip pain rated a 6, cervical pain rated a 5 and right shoulder pain rated a 5 on the pain scale. She complained of a decline in tolerance to standing and walking. On the day of exam, she was noted to be status post two shockwave sessions that facilitated improved tolerance to a variety of activity and improved range of motion. One session remained for the right shoulder. A request was made for three sessions of shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of shockwave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal shock wave therapy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extra-corporeal shockwave therapy.

Decision rationale: The CA-MTUS ACOEM shoulder guidelines state; "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder." The ODG states that; "Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating calcific tendinitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of non-inflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection." It further very clearly states that it is "Recommended for calcifying tendinitis but not for other shoulder disorders." Additionally ODG states "Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks." The medical documentation provided indicate this patient has had 3 sessions of ESWT, guidelines allow for 3 sessions of ESWT for the shoulder. This request is in excess of guidelines. As such the request for 3 sessions of shockwave therapy is not medically necessary.