

<b>Case Number:</b>	CM15-0189352		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 59 year old male patient, who sustained an industrial injury on January 8, 2015. He sustained the injury due to slip and fall incidence. He reported injury to his head, left elbow, left middle finger and lower back. The diagnoses include cerebral concussion, left shoulder contusion and sprain, left elbow contusion and healing laceration, lumbar spine strain and sprain and sciatica, left medial and lateral epicondylitis, left middle finger sprain and strain, chronic pain, depressive disorder not otherwise specified, anxiety disorder not otherwise specified and insomnia related to anxiety disorder not otherwise specified. Per the doctor's note dated 9/17/15, she had complaints of pain at 4-5/10, mild depression and anxiety and severe change in hearing ability. Per the doctor's note dated August 19, 2015, she had complaints of headache, left shoulder pain, left elbow pain and lumbar spine pain. The pain was rated as a 3-4 on a 1-10 pain scale. Functional change since prior exam visit was noted to be improved. The physical examination revealed mild to moderate distress, anxious, normal gait. The medications list includes tramadol and topical compound cream. He has had urine drug screen on 8/14/15 which was negative for tramadol. He has had MRI of the left elbow and left middle finger. Treatment to date has included diagnostic studies, physical therapy, acupuncture, left elbow injection and medication. The treatment plan included physical therapy, acupuncture, extracorporeal shockwave therapy to the left elbow times three, chiropractic therapy, modified work duty and an EMG-NCV. On August 27, 2015, utilization review denied a request for Solarcare Fir Heating System with pad #1 and extracorporeal shockwave therapy treatments #3.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Solarcare Fir Heating System with Pad #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The requested DME is meant to provide heat therapy, which is a kind of passive physical medicine treatment. Per the CA MTUS chronic pain guidelines, "The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes." Rationale for not using simple hot packs versus the use of this DME- Solarcare Fir Heating System with Pad is not specified in the records provided. Response to previous conservative therapy including pharmacotherapy is not specified in the records provided. The request for Solarcare Fir Heating System with Pad #1 is not medically necessary or fully established for this patient.

### **Extracorporeal Shockwave Therapy Treatments # 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Low Back -Lumbar and Thoracic (Acute and Chronic), Infrared Therapy.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 08/06/15) Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Per the cited guidelines "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder." Per the ODG Extracorporeal shock wave therapy (ESWT) is "Recommended for calcifying tendinitis but not for other shoulder disorders." Evidence of calcifying tendinitis is not specified in the records provided. Per the cited guidelines, there is no high-grade scientific evidence to support the use of shockwave treatment for this diagnosis. Failure to previous conservative therapy including pharmacotherapy is not specified in the records provided. The request for Extracorporeal Shockwave Therapy Treatments # 3 is not medically necessary or fully established in this patient.