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| Case Number: | CM15-0189822 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 04/27/2011 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/26/2015 |

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: Physical Medicine & Rehabilitation

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 27 year old male, who sustained an industrial injury on 4-27-11. The documentation on 8-13-15 noted that the injured worker has complaints of pain in the left shoulder, left side of the cervical spine and left knee pain. Cervical spine examination revealed there is tenderness to palpation over the left side of the cervical spine, paracervical muscles and decreased range of motion. Left shoulder examination revealed there is tenderness to palpation over the left shoulder, subacromial region and positive crepitation. There is decreased range of motion, abduction and external rotation is limited. The documentation noted that the injured worker has been scheduled for the left shoulder arthroscopic surgery in the next few weeks, pending medical clearance. The diagnoses have included left shoulder impingement syndrome with partial rotator cuff tear; musculoligamentous strain cervical spine and discogenic disease cervical spine. Treatment to date has included ultrasounds; cortisone injections; transcutaneous electrical nerve stimulation unit; chiropractic sessions; shockwave therapy; acupuncture response was limited; analgesics; hot packs; rest and massage traction. Left shoulder magnetic resonance imaging (MRI) on 3-30-15 revealed impingement syndrome with tendinosis and edema of the rotator cuff with a partial tear and there was fluid seen in the glenohumeral joint. Electromyography and nerve conduction study revealed mild bilateral median sensory demyelination neuropathy across the wrists (carpal tunnel) and suggestive of chronic left C6 radiculopathy. The original utilization review (8-27-15) non-certified the request for extracorporeal shockwave therapy (ESWT) to left shoulder, left knee, bilateral hand/wrist for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT) to left shoulder, left knee, bilateral hand/wrist for 6 sessions: 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), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Extracorporeal Shockwave Treatment Carpal Tunnel Syndrome chapter under Extracorporeal shock wave therapy Knee and Leg chapter under Extracorporeal shock wave therapy.

Decision rationale: The 27 year old patient complains of pain in left shoulder, pain in left side of the cervical spine, and pain in the left knee, as per progress report dated 08/13/15. The request is for EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) TO LEFT SHOULDER, LEFT KNEE, BILATERAL HAND/WRIST FOR 6 SESSIONS. The RFA for this case is dated 08/10/15, and the patient's date of injury is 04/27/11. Diagnoses, as per progress report dated 08/13/15, included left shoulder impingement syndrome with partial rotator cuff tear, cervical musculoligamentous strain, cervical discogenic disease, lumbar musculoligamentous strain with myofascitis, left leg radiculitis, bilateral carpal tunnel syndrome, and internal derangement of the left knee. The patient is scheduled for left shoulder arthroscopic surgery, pending medical clearance. Diagnoses, as per progress report dated 08/10/15, included cervicgia, left shoulder impingement and tendinitis, bilateral carpal tunnel syndrome, left knee meniscal tear, and depressive disorder. The patient is temporarily totally disabled, as per progress report dated 08/13/15. ODG Guidelines, Shoulder Chapter, under Extracorporeal Shockwave Treatment (ESWT) states: Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness. 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. ODG guidelines, Carpal Tunnel Syndrome chapter under extracorporeal shock wave therapy (ESWT) states: Not recommended, because although there are ongoing studies, there continues to be inadequate scientific evidence in the peer-reviewed medical literature to support its long-term efficacy. ODG guidelines, Knee

and Leg chapter under Extracorporeal shock wave therapy (ESWT) states: Under study for patellar tendinopathy and for long-bone hypertrophic non-unions. In this case, the request for shockwave is noted in multiple progress reports since 05/08/15. A prior progress report dated 05/01/15 indicates that the patient received shock wave therapy in the recent past. None of the reports document the number of sessions completed until now, the body parts addressed, and the efficacy in terms of reduction of pain and improvement of function. Nonetheless, ODG guidelines do not support the use of extracorporeal shock wave therapy in patients with carpal tunnel syndrome due to inadequate scientific evidence. The treatment modality is also under study for certain knee conditions but has not been recommended for knee internal derangement and meniscal tear which the patient suffers from. Additionally, there is no diagnosis of calcifying tendinitis for which ESWT is recommended by ODG. Hence, the request IS NOT medically necessary.