

Case Number:	CM15-0194036		
Date Assigned:	10/07/2015	Date of Injury:	09/24/2012
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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, Hawaii
 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 62 year old male, who sustained an industrial injury on 9-24-2012. Medical records indicate the worker is undergoing treatment for cervical herniated nucleus pulposus, cervical radiculopathy, right shoulder rotator cuff tear and biceps tendon tear, right wrist tenosynovitis, bilateral knee sprain-strain, right knee meniscal tear and mood disorder. A recent progress report dated 8-11-2015, reported the injured worker complained of burning neck pain rated 4-5 out of 10, burning right wrist pain rated 4 out of 10, bilateral knee pain and muscle spasm rated 4 out of 10, stress, anxiety, insomnia and depression. Physical examination revealed sub-occipital tenderness to palpation and decreased range of motion and right shoulder tenderness to palpation at the right trapezius and levator scapula muscles, acromioclavicular arthrosis and trigger points noted with crepitus with range of motion. There was also tenderness to palpation over the carpal bones and bilateral knee tenderness to palpation. Treatment to date has included acupuncture, chiropractic care, physical therapy and medication management. The physician is requesting Shockwave therapy of 3 visits for the right knee, right shoulder and right wrist and Shockwave therapy x6 visits for the cervical spine. On 9-10-2015 the Utilization Review non-certified the request for Shockwave therapy of 3 visits for the right knee, right shoulder and right wrist and Shockwave therapy x6 visits for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy of 3 visits for the right knee, right shoulder and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shock wave therapy (ESWT) Knee & Leg; J Orthop Surg Res. 2012 Mar 20;7:11. doi: 10.1186/1749-799X-7-11 Extracorporeal shockwave therapy in musculoskeletal disorders. Wang CJ1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Shoulder chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The patient presents with pain affecting the neck, right wrist, right shoulder, and bilateral knees. The current request is for Shockwave therapy of 3 visits for the right knee, right shoulder and right wrist. The requesting treating physician report dated 8/11/15 (18B) provides no rationale for the current request. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding Extracorporeal shock wave therapy (ESWT) for the shoulder: "Recommended for calcifying tendinitis but not for other shoulder disorders." In this case, there is no documentation of calcifying tendinitis in the medical reports provided for review and Extracorporeal shock wave therapy is not recommended for other shoulder disorders. Since, EWST is not recommended for the right shoulder than the entire request for is not recommended. The current request is not medically necessary.

Shockwave therapy x6 visits for the cervical spine: 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 (updated 8/6/15) Extracorporeal shockwave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Neck chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The patient presents with pain affecting the neck, right wrist, right shoulder, and bilateral knees. The current request is for Shockwave therapy x6 visits for the cervical spine. The requesting treating physician report dated 8/11/15 (18B) provides no rationale for the current request. The MTUS guidelines do not address the current request. The ODG guidelines state the following in the "Neck" chapter regarding Extracorporeal shock wave therapy: "Not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." In this case, the ODG guidelines do not recommend Extracorporeal shock wave therapy for the treatment of back pain. The current request is not medically necessary.