

Case Number:	CM15-0196536		
Date Assigned:	10/12/2015	Date of Injury:	10/06/2009
Decision Date:	11/23/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/06/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 63 year old male who sustained an industrial injury on 10-8-09. A review of the medical records indicates he is undergoing treatment for left shoulder impingement-acromioclavicular osteoarthropathy, left shoulder tendinopathy-early calcific tendinitis, degenerative disc disease T4-T5 and T9, compression fractures T5-T8, lumbar myofascial pain, rule out lumbar radiculopathy, and thoracic myofascial pain. Medical records (4-16-15 to 6-18-15) indicate ongoing complaints of left shoulder pain, rating "8 out of 10", left wrist and hand pain, rating "5 out of 10", thoracic pain, rating "5 out of 10", and low back pain with proximal lower extremity symptoms, affecting the left side greater than the right side. The 6-18-15 progress record indicates that use of current medications facilitates activities of daily living, including light household duties, shopping for groceries, grooming, and cooking. The physical exam (6-18-15) reveals tenderness of the left shoulder. Left shoulder range of motion range of motion is as follows: flexion 60 degrees, abduction 50 degrees, external rotation 50 degrees, and internal rotation 50 degrees. Swelling is noted of the left shoulder and atrophy is noted of the left deltoid musculature. The treating provider indicates that the left shoulder range of motions is "markedly limited, worsening". "Moderately positive" Tinel's and Phalen's tests are noted of the left wrist. Tenderness is noted of the lumbar spine. Lumbar range of motion is flexion 40 degrees, extension 30 degrees, left and right lateral tilt 35 degrees, and left and right rotation 35 degrees. The straight leg raise is positive for pain to the foot at 35 degrees on the left and pain to the distal calf on the right at 45 degrees. Tenderness and limited range of motion with pain is noted of the thoracic spine. Diagnostic studies have included an MRI of the thoracic

spine and urine drug screens. Treatment has included physical therapy for the left shoulder and thoracic spine, activity modification, TENS unit, use of ice and heat, medications, a lumbosacral back brace, and shockwave therapy. 8 sessions of shockwave therapy were recommended on the 6-18-15 visit, as well as 8 sessions of physical therapy. The Utilization Review (10-5-15) includes requests for authorization for a back brace and 3 additional sessions of shockwave therapy for the left shoulder. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic) (updated 9/22/2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

Decision rationale: The CA MTUS provides minimal guidance concerning lumbar supports, but does state that there is no evidence for effectiveness of lumbar supports and prevention of back pain in the industrial setting. In addition, lumbar supports have not been shown to have long-term benefits for low back pain symptom relief. The cited ODG does not recommend lumbar supports for prevention; however, it may be an option for treatment of compression fractures and specific treatment of spondylolisthesis, documented instability, and nonspecific low back pain, although evidence is weak. Based on the most recent treating provider notes available, the injured worker is not in the acute phase of treatment, nor does have documentation indicating a diagnosis of compression fracture, or instability in the lumbar spine. His history of fractures involves thoracic 5-8 vertebrae. Due to the chronicity of the symptoms and lack of specific criteria, the request for back brace is not medically necessary and appropriate.

Additional shock wave therapy left shoulder; 3 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS 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).

Decision rationale: According to the cited CA MTUS and ODG, extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis, but not for any other shoulder disorders. The criteria for use per the ODG are calcific tendinitis pain for greater than 6 months despite standard treatment and failure of at least 3 conservative treatments to include rest, ice,

NSAIDs, orthotics, physical medicine, and cortisone injections. If indicated, a maximum of 3 sessions may be conducted over 3 weeks. According to the treating physician notes, the injured worker has met the above criteria with greater than 6 months pain from MRI confirmed calcifying tendinitis, and has failed treatments with rest, ice, physical medicine, and cortisone injection. Thus, based on the available medical records and cited guidelines, 3 sessions of shock wave therapy for the left shoulder is medically necessary and appropriate.