

Case Number:	CM15-0197243		
Date Assigned:	10/12/2015	Date of Injury:	09/14/2012
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: Preventive Medicine, Occupational 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 44 year old female with a date of injury on 09-14-2012. The injured worker is undergoing treatment for left shoulder impingement syndrome; status post left shoulder surgery in 2012. A physician progress note dated 09-16-2015 documents the injured worker has complaints of headaches, left upper extremity pain, depression, anxiety and sleeping problems. Treatment to date has included diagnostic studies, medications, status post left shoulder surgery in 2012, and status post right shoulder surgery in 2014. On examination there is tenderness to palpation anteriorly-posteriorly-laterally, in her biceps, tendon groove, deltoid muscles, rotator cuff muscles, acromioclavicular process. There decreased range of motion, positive Neer-Codman's and supraspinatus tests. There is decreased motor strength in her bilateral shoulders and decreased sensation in the right anterolateral shoulder and arm-lateral forearm and hand. The Request for Authorization dated 09-16-2015 includes acupuncture for right shoulder 1x6, extracorporeal shock wave therapy (ECSWT) bilateral shoulders 1 x 4, Interferential unit for bilateral shoulder and x ray for bilateral shoulders. On 09-29-2015, Utilization Review non-certified the request for acupuncture for right shoulder 1x6, Extracorporeal shock wave therapy (ECSWT) bilateral shoulders 1 x 4, Interferential unit for bilateral shoulder and X ray for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Interferential unit for bilateral shoulder is not medically necessary.

X-ray for bilateral shoulders: 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 - Radiography.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that radiographs of the shoulder are indicated when red flags are present indicating fracture, cancer, or infection. The medical record contains no documentation of red flags indicating that a lumbar x-ray is appropriate. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. X-ray for bilateral shoulders is not medically necessary.

Acupuncture for right shoulder 1x6: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request is for 6 sessions which is in compliance with the MTUS Guidelines for this suggested treatment. I am reversing the previous utilization review decision. Acupuncture for right shoulder 1x6 is medically necessary.

Extracorporeal shock wave therapy (ECSWT) bilateral shoulders 1 x 4: 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 - Extracorporeal shock wave therapy (ECSWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to the Official Disability Guidelines, extracorporeal shockwave therapy is recommended only for calcifying tendinitis but not for other shoulder disorders. Extracorporeal shock wave therapy is not recommended by the guidelines. Limited evidence exists regarding this treatment in reducing pain and improving function. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. There is no documentation that the treatments were requested for calcific tendinitis. Extracorporeal shock wave therapy (ECSWT) bilateral shoulders 1 x 4 is not medically necessary.