

Case Number:	CM15-0198140		
Date Assigned:	10/13/2015	Date of Injury:	05/27/2014
Decision Date:	11/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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: Chiropractor

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 43 year old female, who sustained an industrial injury on 5-27-2014. The injured worker is undergoing treatment for rule out right shoulder internal derangement, right elbow sprain and strain, rule out right elbow internal derangement. On 8-11-15, she reported right shoulder and right elbow pain. Objective findings revealed tenderness to the right shoulder, decreased range of motion with internal and external rotation and decreased grip strength. The right elbow is noted to have tenderness and full range of motion. The treatment plan included continued shockwave therapy. On 8-21-15, she underwent shockwave therapy. The records indicate she has been undergoing shockwave therapy; however there is no discussion of the efficacy of this treatment method. The treatment and diagnostic testing to date has included multiple therapy sessions (unspecified method), at least 12 acupuncture sessions, injections, shockwave therapy (unclear amount completed), and medications. Medications have included Naproxen sodium, Cyclobenzaprine, transdermal creams. Current work status: off work. The request for authorization is for: chiropractic 2 times per week for 3 weeks for the right shoulder and elbow; and shockwave therapy one time a week for 6 weeks for the right shoulder and elbow. The UR dated 9-8-2015: non-certified the requests for chiropractic 2 times per week for 3 weeks for the right shoulder and elbow; and shockwave therapy one time a week for 6 weeks for the right shoulder and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, twice a week for three weeks, for the right shoulder and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested chiropractic treatment at 2 times per week for 3 weeks for the right shoulder and elbow was not established. MTUS references ACOEM guidelines chapter 9, page 203 that indicates that "manipulation by a manual therapist has been described as effective for patients with frozen shoulders." There is no indication that the claimant complains of a frozen shoulder. Moreover, medical treatment utilization schedule guidelines, page 58, indicate that manipulation for upper extremity complaints is not supported. Therefore, the medical necessity for the requested 6 chiropractic treatments for the right shoulder and elbow was not established, therefore is not medically necessary.

Shockwave therapy, once a week for six weeks, for the right shoulder and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, web-based version, elbow chapter, shockwave. ODG guidelines, web-based version, shoulder chapter, shockwave.

Decision rationale: The medical necessity for the requested shockwave therapy one time per week for 6 weeks for the right shoulder and elbow was not established. Guidelines do not address this request. MTUS guidelines do not address this request. ODG guidelines, web-based version, elbow chapter, gives the following recommendations extracorporeal shockwave therapy: Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. Therefore, the medical necessity for the requested shockwave therapy for the elbow was not established. MTUS guidelines do not address extracorporeal shockwave therapy for shoulder complaints. ODG guidelines, web-based version, shoulder chapter gives the following recommendations for extracorporeal shockwave therapy for the shoulder: "Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patient 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." It appears that the claimant had undergone a course of shockwave therapy prior to this request. There was no evidence of functional improvement as a result of the initial course of shockwave therapy. Moreover, the treatment exceeds ODG guidelines. Therefore, the medical necessity for the requested shockwave therapy was not established, therefore is not medically necessary.