

Case Number:	CM15-0199436		
Date Assigned:	10/14/2015	Date of Injury:	07/20/2015
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 43 year old female, who sustained an industrial injury on July 20, 2015, incurring right shoulder and upper and lower back injuries. She was diagnosed with shoulder impingement syndrome and tendinitis, cervical sprain, right elbow epicondylitis and lumbar radiculitis. Treatment included chiropractic sessions, acupuncture, pain medications, anti-inflammatory drugs, muscle relaxants, proton pump inhibitor, oral steroids and activity restrictions. Currently, the injured worker complained of continuous right shoulder pain radiating into the neck with burning sensation radiating into the right wrist and hand. She rated her pain 7 out of 10 on a pain scale from 1 to 10. She had right and left elbow pain with tingling and numbness. She complained of persistent lower back tail pain. The cervical spine revealed decreased range of motion with tenderness and muscle spasms. She noted difficulty finding a comfortable position to rest secondary to the ongoing chronic pain. The treatment plan that was requested for authorization on October 9, 2015, included chiropractic sessions 2 times a week for 6 weeks and extracorporeal shockwave therapy to the cervical and lumbar spine, right knee, right hand and right shoulder. On September 21, 2015, a request for chiropractic sessions and shockwave therapy was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of chiropractic therapy. Chiropractic therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. These guidelines also comment on the number of treatment sessions for given conditions. For example: Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. In this case, the request is for 12 chiropractic treatments. The records suggest that the patient has already undergone chiropractic treatment; however, there is no record of outcomes. Further, if this request does represent initial chiropractic treatment, the number of requested sessions exceeds the above-cited MTUS guidelines. Specifically, there is an expectation for a treatment effect to occur within 4-6 treatments as measured by objective functional outcomes; i.e. improvement in function and/or decreased need for analgesic medications. For this reason, chiropractic treatments 2X per week for 6 weeks is not medically necessary.

Extracorporeal shockwave therapy to the cervical and lumbar spine, right knee, right hand and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) ESWT (Extracorporeal shockwave therapy).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Back/Neck/Knee/Shoulder/Hand Section: Extracorporeal Shockwave Therapy.

Decision rationale: The Official Disability Guidelines comment on the use of extracorporeal shockwave therapy. These guidelines state that it is not recommended for the treatment of low back, neck, knee or hand conditions. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Regarding the shoulder; extracorporeal shockwave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. Other shoulder disorders: There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. For nonspecific chronic shoulder pain, supervised exercises are more effective than shockwave treatment, according to this RCT. The investigators found a treatment effect favoring supervised exercises at 6, 12, and 18 weeks, and compared with the shockwave-treatment group, the group treated with supervised exercises had a significantly higher proportion of patients who improved in terms of shoulder pain and disability scores (64% vs. 36%; odds ratio 3.2). Additional treatment between 12 and 18 weeks was needed in more patients in the shockwave-treatment group than in the exercise group, and fewer patients returned to work. In this case, regarding the shoulder, the medical records do not indicate that the patient has calcific tendonitis as the cause of her shoulder symptoms. For this reason, extracorporeal shockwave therapy for the shoulder is not medically necessary. In summary, there is no evidence in the medical records to support the use of extracorporeal shockwave therapy for the neck, back, knee, hand or shoulder. This treatment is not medically necessary.