

Case Number:	CM15-0203115		
Date Assigned:	10/19/2015	Date of Injury:	05/17/2007
Decision Date:	12/07/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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, North Carolina
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 64-year-old female injured worker suffered an industrial injury on 5-17-2007. The diagnoses included cervical herniated disc with radiculopathy and bilateral shoulder rotator cuff tear. On 8-17-2015, the treating provider reported a request for shockwave therapy up to 3 treatments for the right and left shoulder and up to 6 treatments for the cervical spine. The provider noted radicular pain that was constant and severe rated 5 out of 10 with numbness and tingling of the bilateral upper extremities. There was burning bilateral shoulder pain traveling down the arms to the wrists and hands rated 5 out of 10. On exam, the shoulders had decreased range of motion with tenderness noted. The cervical spine had reduced range of motion with positive cervical distraction and compression tests and tenderness. The Utilization Review on 9-22-2015 determined non-certification for Shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy: 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), Neck and Upper Back - Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck/back.

Decision rationale: CA MTUS does not specifically refer to Extracorporeal Shock Wave Therapy (ESWT). ODG states that ESWT to the shoulder is only recommended when 1) patients whose pain from calcific tendinitis of the shoulder remains despite 6 months of conservative treatment and 2) at least 3 conservative treatments have been performed prior to ESWT. ODG does not specify therapy for the neck. In this case, the medical records provided do not provide sufficient details of failed conservative treatment. In addition, the patient does not have calcific tendinitis in the shoulders. ESWT of the neck is not recommended by guidelines. Therefore, the request is not medically necessary or appropriate.