MAXIMUS Federal Services

Case Number:	CM15-0206233		
Date Assigned:	10/23/2015	Date of Injury:	01/14/2015
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, New York, 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 applicant is a represented 64-year-old who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of January 4, 2015. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for extracorporeal shockwave therapy performed on the shoulder and elbow on dates of service of April 17, 2015 and March 30, 2015. The claims administrator invoked non-MTUS ODG Guidelines in its determination and mislabeled as originating from the MTUS while also citing the MTUS Guideline in ACOEM Chapter 10. The claims administrator, however, incorrectly stated that ACOEM Chapter 10 had not been incorporated into the MTUS. The applicant's attorney subsequently appealed. On February 5, 2015, the applicant was placed off of work, on total temporary disability while baclofen, Prilosec, and a topical compounded cream were endorsed. X-ray and MRI studies of the elbow and shoulder were sought. On June 4, 2015, it was acknowledged that the applicant was not working or receiving disability benefits. The applicant was given diagnoses of supraspinatus, infraspinatus, terres minor subscapularis tears with acromioclavicular arthropathy and glenohumeral labral tear, elbow epicondylitis, and lumbar spine myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy for Right Shoulder for DOS: 04/17/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT).

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

Decision rationale: No, the request for extracorporeal shockwave therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 203 acknowledges that some medium quality evident supports extracorporeal shockwave therapy for the specific diagnosis of calcifying tendinitis of the shoulder, here, however, a June 4, 2015 office visit stated that the applicant carried diagnoses of supraspinatus, infraspinatus, terres minor, and subscapularis tears superimposed on issues with a labral tear and acromioclavicular arthropathy. There was no mention of the applicant's having radiographically-confirmed calcifying tendinitis for the shoulder for which extracorporeal shockwave therapy for the same would have been indicated. Therefore, the request was not medically necessary.

Extracorporeal Shockwave Therapy for Right Elbow for DOS: 03/30/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Extracorporeal Shockwave therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

Decision rationale: Similarly, the request for extracorporeal shockwave therapy for the elbow was likewise not medically necessary, medically appropriate, or indicated here. The attending provider stated on June 4, 2015 that the operating diagnosis involving the elbow was in fact lateral epicondylitis. However, the MTUS Guideline in ACOEM Chapter 10, page 29 notes that extracorporeal shockwave therapy is "strongly recommended against" in the treatment of elbow epicondylitis, i.e., the diagnosis reportedly present here. The attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable ACOEM position on the same for the diagnosis in question. Therefore, the request was not medically necessary.