

Case Number:	CM15-0028328		
Date Assigned:	02/20/2015	Date of Injury:	02/16/2013
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/16/2015

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 injured worker is a 66-year-old male, who sustained an industrial injury on 02/16/2013. He has reported neck, left shoulder, and low back pain. The diagnoses have included cervical spine musculoligamentous sprain/strain with radiculitis; lumbar spine disc protrusion with radiculitis; left shoulder impingement syndrome; and bilateral carpal tunnel syndrome. Treatment to date has included medications, physical therapy sessions, and surgical intervention. A progress note from the treating physician, dated 12/23/2014, documented a follow-up visit with the injured worker. The injured worker reported neck, lower back, and left shoulder/arm pain; and pain and numbness in the bilateral wrists. Objective findings included tenderness to palpation over the cervical paraspinal muscles with palpable spasm; restricted cervical range of motion; tenderness to palpation over the lumbar paraspinal muscles; restricted lumbar range of motion; tenderness to palpation over the left shoulder, with positive impingement sign; and tenderness to palpation of the bilateral wrists. The treatment plan has included request for Physical therapy for the cervical and lumbar spine, 2 times a week for 6 weeks; and Extracorporeal shock wave therapy for the bilateral wrist, 1 time a week for 4 weeks. On 01/22/2015 Utilization Review noncertified a prescription for Physical therapy for the cervical and lumbar spine, 2 times a week for 6 weeks; and Extracorporeal shock wave therapy for the bilateral wrist, 1 time a week for 4 weeks. The CA MTUS and the ODG were cited. On 02/16/2015, the injured worker submitted an application for IMR for review of a prescription for Physical therapy for the cervical and lumbar spine, 2 times a week for 6 weeks; and Extracorporeal shock wave therapy for the bilateral wrist, 1 time a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12-sessions, 2 times a week for 6 weeks, for the cervical and lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation is, furthermore, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant remains dependent on opioid agents such as tramadol and various and sundry topical compounded medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

Extracorporeal Shock Wave Therapy (1 time a week for 4 weeks, for the bilateral wrist): 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), Elbow/Shoulder chapter, Extracorporeal shockwave therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Version 3, Elbow Disorders, Shoulder Disorders, and Ankle and Foot Disorders Chapters.

Decision rationale: Extracorporeal shock wave therapy is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here. The Third Edition ACOEM Guidelines take a stronger position against the extracorporeal shock wave therapy, it is further noted, noting that, for most body parts, that there is evidence that ESWT is, in fact, ineffective. Here, the attending provider did not furnish any clear or compelling applicant-specific rationale which

would offset the unfavorable MTUS and ACOEM positions on the article at issue. Therefore, the request was not medically necessary.