

Case Number:	CM15-0212839		
Date Assigned:	11/02/2015	Date of Injury:	05/28/2009
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/29/2015

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, 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:

This is a 51 year old female patient, who sustained an industrial injury on 5-29-2009. The diagnoses include cervical herniated nucleus pulposus (HNP), rule out radiculopathy, rule out rotator cuff tear, rule out labral tear, left shoulder impingement syndrome, left lateral epicondylitis, left tardy ulnar nerve palsy and left carpal tunnel syndrome. Per the doctor's note dated 8-18-2015 and 9-28-2015 she had complains of neck pain radiating to the left shoulder, elbow and wrist and right knee pain with swelling. Physical exam dated 9-28-2015 revealed cervical, right shoulder and right elbow tenderness to palpation with decreased range of motion (ROM) and positive Neer's and Hawkin's test and positive Tinel's test; right knee tenderness to palpation with positive crepitation. The medications list includes motrin, ultram, prilosec and topical creams. Per the doctor's note dated 10/31/14, the patient was scheduled for EMG/NCS on 11/18/14. Treatment to date has included medication, transdermal cream and cervical epidural steroid injection. The original utilization review dated 10-20-2015 indicates the request for shockwave therapy for left shoulder 1 X 3, shockwave therapy for left elbow 1 X 3 and electromyogram-nerve conduction study of bilateral upper extremities is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the left shoulder, once a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/26/15) Extracorporeal shock wave therapy (ESWT).

Decision rationale: Shockwave therapy for the left shoulder, once a week for three weeks. Per the cited guidelines "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder." Per the ODG Extracorporeal shock wave therapy (ESWT) is "Recommended for calcifying tendinitis but not for other shoulder disorders." Evidence of calcifying tendinitis is not specified in the records provided. Per the cited guidelines there is no high grade scientific evidence to support the use of shockwave treatment for this diagnosis. Failure to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The Shockwave therapy for the left shoulder, once a week for three weeks is not medically necessary in this patient.

Shockwave therapy for the left elbow, once a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Elbow (updated 10/30/15) Extracorporeal shock wave therapy (ESWT).

Decision rationale: Shockwave therapy for the left elbow, once a week for three weeks Per the cited guidelines "despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment." The second high-quality study evaluated 272 patients with at least 6 months of conservative treatment (135 received ESWT and 137 received placebo ESWT) and found that ESWT as "applied in the present study was ineffective in the treatment of lateral epicondylitis." (Haake 02) One of the meta-analyses reviewed two studies, concluding "no added benefit of ESWT over that of placebo in the treatment of LE [lateral epicondylitis]. (Bisset 05)Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended Against]." Per the ODG Extracorporeal shock wave therapy (ESWT) is "Not recommended.Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): If the decision is made to use this treatment despite the lack of convincing evidence. (1) Patients whose pain from lateral epicondylitis (tennis elbow) 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)....." Per the cited guidelines there is no high grade scientific evidence to support

the use of shockwave treatment for this diagnosis. Failure of previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The Shockwave therapy for the left elbow, once a week for three weeks is not medically necessary in this patient.

EMG/NCS of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: EMG/NCS of the bilateral upper extremities Per the cited guidelines "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Per the records provided the patient has neurological symptoms in the upper extremity-neck pain radiating to the left shoulder, elbow and wrist. Physical exam revealed cervical, right shoulder and right elbow tenderness to palpation with decreased range of motion (ROM) and positive Neer's and Hawkin's test and positive Tinel's test. The patient has tried conservative treatment including pharmacotherapy. It is medically appropriate to perform EMG/NCS of the bilateral upper extremities for evaluation of neurological symptoms in the upper extremities and to differentiate between radiculopathy and peripheral neuropathy. The request of EMG/NCS of the bilateral upper extremities is medically appropriate and necessary for this patient.