

<b>Case Number:</b>	CM15-0034187		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on 7/29/2014. The diagnoses have included lumbar sprain/strain, left hand joint pain and trigger finger. Treatment to date has included chiropractic manipulation, medication and physical therapy. According to the Primary Treating Physician's Progress Report dated 2/2/2015, the injured worker complained of activity dependent, moderate to 6/10 achy, sharp low back pain and stiffness radiating to the right leg with numbness. The injured worker also complained of constant 4-8/10 achy, throbbing left hand pain and stiffness. The pain was specific to the left proximal third digit. Lumbar spine range of motion was painful. There was tenderness to palpation of the bilateral sacroiliac (SI) joints and lumbar paravertebral muscles. There was spasm of the bilateral gluteus and lumbar paravertebral muscles. Straight left raise was positive on the left. Exam of the left hand showed pin point tenderness over Capitate. The range of motion was decreased and painful. There was tenderness to palpation of the palmar aspect of the left hand. Treatment plan was to refer to acupuncture two days a week for eight weeks and to request authorization for shockwave treatment one time a week for six weeks for the lumbar spine and one time a week for three weeks for the left hand. On 2/13/2015, Utilization Review (UR) non-certified a request for Shockwave therapy to the left hand and lumbar spine. The Official Disability Guidelines (ODG) and the Medical Treatment Utilization Schedule (MTUS) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Shockwave Therapy to the Left Hand and Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Low back - Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, ESWT Knee & leg chapter, ESWT.

**Decision rationale:** The patient presents with pain and weakness in his lower back and left hand. The request is for SHOCKWAVE THERAPY TO THE LEFT HAND AND LUMBAR SPINE. Per 12/22/14 progress report, the patient returns to work with restrictions. MTUS guidelines do not discuss ESWT. ODG guidelines do not recommend ESWT for L-spine, neck or knees. ODG guidelines Lumbar chapter, do not recommend Shock wave therapy, stating "The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011)" ODG do not recommend ESWT, stating "There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Gross-Cochrane, 2002) (Philadelphia, 2001)" ODG-TWC guidelines states that ESWT for the knee, is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. <http://www.odg-twc.com/odgtwc/knee.htm#ESWT>. In this case, the treater does not explain why shockwave therapy is being asked for. Given the lack of the guidelines support for this treatment to the Lumbar spine, the request IS NOT medically necessary.