MAXIMUS Federal Services

Case Number:	CM15-0038147		
Date Assigned:	03/06/2015	Date of Injury:	05/29/2010
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/28/2015

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 44-year-old female, who sustained an industrial injury on 5/29/10. On 2/28/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of pain in head, neck, right shoulder, lumbosacral spine and bilateral knee regions. The diagnoses have included cervical spine radiculitis; right shoulder pain/impingement; sciatica; bilateral knee pain; cephalgia. Treatment to date has included status post left ankle surgery x2 (1997); status post cervical spine fusion C4-5, C5-6 (2004); status post left shoulder arthroscopic SAD with debridement (2011); status post right knee arthroscopy (2010); status post right carpal tunnel release (8/11/14); status post sympathetic ganglion block Left L2-L3 (no date); physical therapy; psychotropic medical management; aquatic therapy left foot. Diagnostic studies include MRI right knee (12/5/2014); Cervical and lumbar spine MRI (2/22/11); MRI right shoulder (7/12/12). A Utilization Review was completed on 2/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Right Shoulder and Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, ESWT.

Decision rationale: The patient presents with pain in head, neck, right shoulder, lumbosacral spine and bilateral knee regions. The request is for SHOCK-WAVE RIGHT SHOULDER AND BILATERAL KNEES. The RFA is not provided. Patient's diagnosis included cervical spine radiculitis; right shoulder pain/impingement; sciatica; bilateral knee pain; cephalgia. The reports do not reflect whether or not the patient is working. MTUS/ACOEM, Chapter 9, Shoulder Complaints, page 203, under Initial Care, states: Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. ODG guidelines, Shoulder chapter online, for ESWT states: Recommended for calcifying tendinitis but not for other shoulder disorders. The American College of Sports Medicine Meeting further suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. (Zwerver, 2010)MTUS and ODG guidelines have support for shock-wave therapy for calcifying tendinitis of the shoulder, but not for other shoulder disorders. The available reports do not show evidence of calcifying tendinitis. In addition, per ACOEM, ESWT is ineffective for treating patellar tendinopathy. The request for shock-wave therapy, unknown frequency, is not in accordance with MTUS guidelines. Therefore, the request IS NOT medically necessary.