

<b>Case Number:</b>	CM15-0039032		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Internal 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 65-year-old male, who sustained an industrial injury on September 21, 2013. The injured worker had reported an injury to the neck, low back and left shoulder, wrist and hand. The diagnoses have included cervical spine pain, cervical spine radiculopathy, cervical spine disc displacement, left shoulder internal derangement, left elbow lateral epicondylitis, left wrist carpal tunnel syndrome, lumbar spine radiculopathy and lumbar spine disc displacement. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated January 8, 2015 notes that the injured worker complained of a burning neck pain, greater on the left side. Associated symptoms include numbness and tingling of the bilateral upper extremities. He also reported burning pain of the left shoulder, left elbow and left wrist radiating down to the fingers and constant burning low back pain with associate numbness and tingling of the lower extremities. Physical examination of the cervical spine revealed tenderness to palpation and a decreased range of motion. A left shoulder examination revealed tenderness, a decreased range of motion and positive orthopedic tests. Left elbow examination showed tenderness and a positive Cozen's sign. Left Wrist examination revealed tenderness, a decreased range of motion and positive wrist orthopedic testing. Lumbar spine examination revealed a decreased range of motion and positive lumbosacral orthopedic tests. The treating physician's recommended plan of care includes shockwave therapy to the cervical spine, lumbar spine, left shoulder and left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder, left elbow, cervical spine, lumbar spine extracorporeal shockwave therapy 1x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Extracorporeal Shockwave Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 203, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Shock wave therapy. Official Disability Guidelines (ODG) Elbow (Acute & Chronic) Extracorporeal shockwave therapy (ESWT).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses passive modalities. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Official Disability Guidelines (ODG) state that shock wave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. ACOEM 2nd Edition (2004) Chapter 9 Shoulder Complaints indicates that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies. ACOEM 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints indicates that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Elbow (Acute & Chronic) indicate that extracorporeal shockwave therapy (ESWT) is not recommended. The orthopedic report dated 1/25/14 documented the diagnoses of cervical pain, left shoulder sprain, left elbow lateral epicondylitis, and lumbar pain. The request was for extracorporeal shockwave therapy once a week for twelve weeks. MTUS, ACOEM, and ODG guidelines do not support the request for extracorporeal shockwave therapy. Therefore, the request for extracorporeal shockwave therapy is not medically necessary.