

Case Number:	CM15-0043066		
Date Assigned:	04/09/2015	Date of Injury:	07/13/2011
Decision Date:	05/04/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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 38 year old male, who sustained an industrial injury on 7/13/2011. The current diagnoses are post lumbar laminectomy syndrome, lumbar radiculopathy, and status post right shoulder surgery. According to the progress report dated 2/19/2015, the injured worker complains of low back and right shoulder pain. Treatment to date has included medication management, MRI, electrodiagnostic studies, therapy, home exercise program, surgical intervention, and transforaminal epidural steroid injection (2/17/2015). The plan of care includes extracorporeal shockwave therapy for the right shoulder and 12 chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy (ESWT) for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Extracorporeal shock wave therapy (ESWT), page 915-916.

Decision rationale: The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis; however, there is no evidence of benefit in non-calcific rotator cuff tendonitis or other shoulder disorders without diagnosis identified here. Guideline criteria include symptomatic calcifying tendinitis for at least 6 months despite at least three conservative treatments trial performed prior to ESWT attempt that shoulder include trial of therapy, medication, and cortisone injection. Minimal documented clinical findings do not report shoulder range limitations nor is there any diagnosis for calcific tendinitis, a criteria for ESWT per guidelines. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Extracorporeal Shockwave Therapy (ESWT) for the Right Shoulder is not medically necessary and appropriate.

Chiropractic 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic 2 x 6 is not medically necessary and appropriate.