

Case Number:	CM15-0049320		
Date Assigned:	04/17/2015	Date of Injury:	04/23/2002
Decision Date:	05/19/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 73-year-old male with an industrial injury dated 04/23/2003. His diagnosis includes right shoulder impingement with rotator cuff symptomatology, cervical spine strain, lumbar spine strain, stomach pain, bilateral knee meniscal tears and episodes of depression and stress. Prior treatment includes non-operative treatments including rest, ice, injections, medications and physical therapy massage. He presents on 02/06/2015 with left shoulder pain into neck and upper back and bilateral knee pain. Physical exam revealed tenderness over the rotator cuff region. Range of motion was limited in all directions. Examination of the knee revealed decreased range of motion and tenderness of both right and left knee. Treatment plan included physical therapy for bilateral knees, extracorporeal shockwave therapy for shoulders and knees and orthopedic surgical evaluation for the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown extracorporeal shock wave therapy sessions to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee & Leg (Acute & Chronic)Extracorporeal shock wave therapy (ESWT).

Decision rationale: The injured worker sustained a work related injury on 04/23/2003. The medical records provided indicate the diagnosis of right shoulder impingement with rotator cuff symptomatology, cervical spine strain, lumbar spine strain, stomach pain, bilateral knee meniscal tears and episodes of depression and stress. Prior treatment includes non-operative treatments including rest, ice, injections, medications and physical therapy massage. The medical records provided for review do not indicate a medical necessity for Unknown extracorporeal shock wave therapy sessions to the left knee. The Official Disability Guidelines states it is under study for patellar tendinopathy and for long-bone hypertrophic nonunions, and the outcome of the studies have been conflicting. The MTUS is silent on the use of extracorporeal shock wave therapy knee conditions

Unknown extracorporeal shock wave therapy sessions to the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The injured worker sustained a work related injury on 04/23/2003. The medical records provided indicate the diagnosis of right shoulder impingement with rotator cuff symptomatology, cervical spine strain, lumbar spine strain, stomach pain, bilateral knee meniscal tears and episodes of depression and stress. Prior treatment includes non-operative treatments including rest, ice, injections, medications and physical therapy massage. The medical records provided for review do not indicate a medical necessity for Unknown extracorporeal shock wave therapy sessions to the bilateral shoulders. The MTUS recommends the use of extracorporeal shock wave therapy for the treatment of calcifying tendinitis of the shoulder, but not for any other shoulder condition. There is no indication the injured worker is being treated for calcific shoulder tendinitis.