

Case Number:	CM15-0057803		
Date Assigned:	04/02/2015	Date of Injury:	12/04/2013
Decision Date:	05/06/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old female, who sustained an industrial injury on 12/04/2013. Treatment to date has included medications, physical therapy and left shoulder surgery. Diagnoses included cervical spine sprain/strain rule out herniated nucleus pulposus, left shoulder sprain/strain rotator cuff tear, left elbow sprain/strain rule out cubital tunnel, rule out left elbow medial/lateral epicondylitis, left wrist de Quervain's tenosynovitis, rule out left wrist carpal tunnel syndrome and rule out first carpometacarpal joint arthritis. According to a progress report dated 01/20/2015, the injured worker complained of radicular neck pain and muscle spasms greater on the left side, burning left shoulder pain radiating down the arm to the fingers associated with muscle spasms, burning left elbow pain and muscle spasms and left wrist pain and muscle spasms. The treatment plan included shockwave therapy for the cervical spine, left wrist and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, six treatments for the cervical 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shock wave therapy. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, f. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. The patient developed chronic cervical pain. There are no controlled studies supporting the use of Extracorporeal Shock Wave Therapy for chronic cervical pain. Therefore, the request is not medically necessary.

Shockwave therapy, three treatments for the left wrist, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Shock wave therapy. <http://www.odg-twc.com/index.html>.

Decision rationale: According to MTUS guidelines, several studies evaluated the efficacy of "Extracorporeal Shockwave Therapy" for the treatment of lateral epicondylitis (LE). These studies did not demonstrate its benefit for the management LE. There are no studies supporting its use for neck, shoulder and wrist pain. There is a "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder." There is no documentation of left shoulder tendinitis in this case and there is no justification for the use of this procedure for wrist pain. Therefore, the prescription of Shockwave therapy, three treatments for the left wrist, left shoulder is not medically necessary.