| Case Number: | CM15-0072401 | | |
|---|---|---|---|
| Date Assigned: | 04/22/2015 | Date of Injury: | 09/21/2013 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

## 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, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 09/21/2013. Diagnoses include cervical spine pain, cervical spine radiculopathy, cervical disc displacement (herniated nucleus pulpous), left shoulder sprain/strain, left shoulder internal derangement, left elbow lateral epicondylitis, left wrist carpal tunnel syndrome, lumbar spine pain, lumbar spine radiculopathy and lumbar disc displacement. Treatments to date has included medications, physical therapy, chiropractic sessions, acupuncture, and shockwave therapy. Medications include Deprizine, Fanatrex, Dicopanol, Synapryn, Trabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin. Magnetic Resonance Imaging of the cervical spine done on 01/26/2015 revealed multiple areas of disc protrusion with spinal cord compression and spinal canal stenosis. Magnetic Resonance Imaging of the lumbar spine showed multiple areas of disc herniation and there is compression of the thecal sac and bilateral exiting nerve roots. On the same date a Magnetic Resonance Imaging of the left shoulder revealed partial tendon tear versus non retracted full thickness tendon tear of the supraspinatus, infraspinatus tendinosis, subscapular tendinosis versus partial interstitial tendon tear, possible posterior labral tear, and superior labral tear, horizontal biceps tendinosis, vertical biceps tendinosis versus partial tendon tear with tenosynovitis, subacromial/subdeltoid bursitis, acromioclavicular joint and glenohumeral joint osteoarthritis and acromioclavicular joint subarticuilar spurs compresses the supraspinatus. A physician progress note dated 02/05/2015 documents the injured worker has burning radicular neck pain greater on the left and he rates it as 6 out of 10. He has burning left shoulder burning pain which radiates down the arm to the fingers. He rates his pain as 6 out of

10, and it is constant and severe. He has burning left elbow pain and it is constant and moderate to severe. He rates his pain as 6 out of 10. He also complains of weakness, numbness, tingling and pain radiating to the hand and fingers. His left wrist pain is burning and constant and moderate to severe. He rates his pain as 6 out of 10 on the pain analog scale. The injured worker complains of burning radicular low back pain that he rates as 6 out of 10. It is associated with numbness and tingling of the bilateral lower extremities, especially in the thigh and ankles. His medications do assist and offer temporary relief of pain and improve his ability to have a restful sleep. The cervical spine is tender to palpation and there is restricted range of motion. Cervical Distraction, Cervical Compression and Spurling's test are positive bilaterally. His left shoulder is tender to palpation with trigger points noted and range of motion is limited. Neer's, Kennedy Hawkins and Speed's test are positive. Left elbow is tender to palpation and Cozen's sign is positive. The left wrist is tender to palpation and range of motion is limited. Tinel's and Phalen's are positive. There is tenderness to palpation of the lumbar paraspinal muscles with trigger points on the right. Range of motion is restricted. Tripod sign, Flip-Test, Lasegue's, and Kemp's test are positive bilaterally. The treatment plan includes continuation of his medications, continuation of his course of physical therapy and acupuncture and Terocin patches were requested. Treatment requested is for Shockwave Therapy, 3 treatments for the left shoulder and left elbow and Shockwave therapy, 6 treatments for the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy, 6 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, Shoulder, Extracorporeal shock wave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS guideline did not address the use of shockwave therapy for the treatment of cervical spine conditions. The Official Disability Guidelines recommend that shockwave treatment can be utilized for the treatment of specific extremities painful conditions after failure of treatment with ice, heat, medications, orthotics, PT and steroid injections. The records indicate that the patient was currently being treated with PT, acupuncture and medications. The patient had previously completed several series of shockwave treatments. There was no detailed report of functional restoration following the shock wave treatments. Therefore, the request for Shockwave Therapy, 6 Treatments for the Cervical Spine is not medically necessary.

**Shockwave Therapy, 3 treatments for the left shoulder and left elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Extracorporeal shock wave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Upper Extremity, Shockwave therapy.

**Decision rationale:** The CA MTUS guidelines did not address the use of shockwave therapy for the treatment of musculoskeletal pain conditions. The ODG guidelines recommend that shockwave treatment can be utilized for the treatment of specific painful extremities conditions such as calcifying tendinitis of the shoulder and lateral epicondylitis of the elbow after failure of treatment with ice, heat, medications, orthotics, PT and steroid injections. The records showed that the patient was diagnosed with left lateral epicondylitis but did not show that the patient was diagnosed with specifically with calcifying tendinitis of the left shoulder. The records indicate that the patient was currently being treated with PT, acupuncture and medications. The patient had previously completed several series of shockwave treatments. There was no documentation of functional restoration following previous shockwave treatments. The criteria for shockwave-3 treatments to the left shoulder and left elbow were not met.