

Case Number:	CM15-0080112		
Date Assigned:	05/29/2015	Date of Injury:	08/27/2008
Decision Date:	06/25/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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 49-year-old female, who sustained an industrial injury on 8/27/08. She has reported initial complaints of left shoulder, neck, bladder and rectal injuries from lifting a 200-pound patient. The diagnoses have included cervical spine disc displacement, cervical spine disc degeneration, cervical radiculopathy; status post left shoulder surgery with residual pain, left shoulder internal derangement, bilateral shoulder rotator cuff tear, right shoulder sprain/strain, right shoulder tendonitis, bilateral shoulder pain, mood disorder and sleep disorder. Treatment to date has included medications, diagnostics, activity modifications, surgery, physical therapy, and heat/ice; massage other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 3/26/15, the injured worker complains of burning radicular neck pain and muscle spasms. The pain is moderate to severe and frequent to constant rated 7/10 on pain scale and associated with numbness and tingling that radiates to the left upper extremity. She also complains of sharp bilateral shoulder pain status post left shoulder surgery. The left shoulder pain is rated 5-6/10 on pain scale and the right shoulder pain is rated 7/10. The pain is aggravated by activities and associated with numbness and tingling and radiating pain down the arms to the fingers. She also reports stress, anxiety, insomnia and depression brought on by the chronic pain, physical limitations and inability to work. She states the symptoms persist but the medications offer her temporary pain relief and improve her ability to sleep. Physical exam reveals tenderness to palpation in the suboccipital region and scalene muscles. There is muscle guarding at the left trapezius. The cervical range of motion is decreased with positive maximal foraminal compression test and distraction test bilaterally. The bilateral shoulder exam reveals

tenderness to palpation at the subacromial space and acromioclavicular joint. There is decreased range of motion in the bilateral shoulders and positive supraspinatus test bilaterally. The sensation to pinprick and light touch is slightly diminished over the dermatomes in the left upper extremity and motor strength is decreased in the bilateral upper extremities. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 2/15/15 reveals degenerative discogenic spondylosis, desiccated intervertebral discs, disc protrusion, facet and uncovertebral hypertrophy with encroachment of the exiting nerve roots. There is impingement on the left exiting nerve root. The electromyography (EMG) and nerve conduction velocity studies (NCV) of the neck and upper extremities revealed no evidence of cervical radiculopathy or brachial plexopathy, no evidence of carpal tunnel and no evidence of peripheral neuropathy. Magnetic Resonance Imaging (MRI) of the left shoulder dated 12/23/14 reveals no fracture, dislocation or subluxation. Magnetic Resonance Imaging (MRI) of the right shoulder dated 12/16/14 reveals high grade partial tear, conjoined tendon, tendinosis versus interstitial Partial tear, superior labral tear from anterior to posterior (SLAP) type II tear, biceps tenosynovitis, bursitis, small glenohumeral joint effusion, and osteoarthritis. The physician requested treatments included Shockwave therapy for the cervical spine, Shockwave therapy for the bilateral shoulders and Menthol, unknown dosage and quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Extracorporeal shockwave therapy (ESWT), no studies: Shoulder, Extracorporeal shockwave therapy (ESWT), pages 915-916.

Decision rationale: Report from the provider does not specify frequency or duration of ESWT or specific indication. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ECSW treatment for the listed diagnoses involving rotator cuff tear, sprain/strain and cervical radiculopathy and disc displacement, a contraindication for ESWT treatment in the cervical spine. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Shockwave therapy for the cervical spine is not medically necessary and appropriate.

Shockwave therapy for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

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

Decision rationale: While Extracorporeal shock wave therapy may be indicated for calcific tendinitis, there are no high-quality randomized clinical studies showing long-term efficacy. While ESWT may be a treatment option for calcifying tendinitis in patients with at least three failed conservative treatment trials for over six months, it is not recommended for chronic shoulder disorders, rotator cuff tears or osteoarthropathies. ESWT is also contraindicated in pregnant women, younger patients, and those with blood clotting diseases, active infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage, or in patients with cardiac pacemakers or those who had previous surgery. Submitted reports have not demonstrated clear diagnosis, symptom complaints or clinical findings to support for this treatment under study nor is there evidence of failed conservative trials, new acute injury or progressive deterioration in ADLs to support for the treatment outside guidelines criteria. The Shockwave therapy for the bilateral shoulders is not medically necessary and appropriate.

Menthol, unknown dosage and quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Menthol, unknown dosage and quantity is not medically necessary and appropriate.