

Case Number:	CM15-0088037		
Date Assigned:	05/12/2015	Date of Injury:	11/11/2003
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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, Alabama, 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 (IW) is a 64-year-old male who sustained an industrial injury on 11/11/2003. He reported right knee and right shoulder complaints. The injured worker had diagnosis of right shoulder sprain/strain, status post-surgery right shoulder, right knee dysfunction, right knee internal derangement. Currently, the injured worker complains of pain in the right shoulder and right knee. The right knee has no bruising, swelling, atrophy or lesion. Flexion of the right knee is 120 degrees/110 degrees, extension is zero/zero. There is tenderness to palpation of the anterior, lateral, medial and posterior knee with muscle spasm of the anterior and posterior knee. McMurry's is negative, Valgus is negative, Anterior Drawer is negative, Posterior Drawer is negative. The right shoulder has tenderness to palpation of the acromioclavicular joint, anterior, lateral, and posterior shoulder. Muscle spasm is present in the anterior and posterior shoulder. Neer's is negative. Hawkins is negative. Requested for authorization are 3 Extracorporeal Shockwave Therapy visits for the right shoulder, and 3 Extracorporeal Shockwave Therapy visits for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Extracorporeal Shockwave Therapy Visits for The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: According to MTUS guidelines, in the Shoulder Complaints chapter table 9-6, there is no strong evidence supporting the use of physical treatment methods including Extracorporeal Shockwave Therapy for the treatment of shoulder dysfunction. Most of the evidences are level D. Some medium quality evidence supports the use of Extracorporeal Shockwave Therapy for shoulder-calcified tendinitis. There is no documentation of right shoulder calcified tendinitis in this case. Therefore, the prescription of 3 Extracorporeal Shockwave Therapy Visits for The Right Shoulder is not medically necessary.

3 Extracorporeal Shockwave Therapy Visits for The Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to MTUS guidelines, limited evidence support the efficacy of extracorporeal shockwave therapy for the treatment of pain from plantar fasciitis and epicondylitis. Furthermore, there are no studies supporting the use of shockwave for the treatment of knee pain. Therefore, the request for 3 Extracorporeal Shockwave Therapy Visits for The Right Knee is not medically necessary.