

Case Number:	CM15-0089741		
Date Assigned:	05/14/2015	Date of Injury:	10/04/2012
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 48 year old female, who sustained an industrial injury on 10/04/2012. According to a progress report dated 03/30/2015, the injured worker complained of pain in the neck, mid/upper back, bilateral shoulders and bilateral elbows. She also complained of pain and numbness in the right wrist. Neck, left shoulder and bilateral elbow pain remained the same as the last visit. Mid/upper back and right wrist pain was decreased from the last visit. Right shoulder pain was increased. She had been asymptomatic regarding her left wrist since her last visit. Physical therapy helped to decrease her pain and tenderness. Her function and activities of daily living improved with physical therapy. An MRI of the cervical spine was positive for disc disease. Diagnostic impression included cervical musculoligamentous strain/sprain with radiculitis, cervical spine discogenic disease per MRI dated 02/03/2015, thoracic musculoligamentous strain/sprain, bilateral shoulder strain/sprain, bilateral shoulder tendinitis, bilateral shoulder impingement syndrome, bilateral elbow strain/sprain, bilateral elbow lateral epicondylitis, bilateral wrist strain/sprain and rule out right triangular fibrocartilage complex tear. Treatment plan included continuance of physical therapy for evaluation and treatment of the cervical spine, thoracic spine and bilateral upper extremities 2 times a week for 6 weeks. She was referred for extracorporeal shockwave therapy of the right thoracic spine once per week for 6 weeks. She was placed on temporary totally disability from 03/30/2015 until 05/05/2015. Currently under review is the request for extracorporeal shock wave therapy 1 time per week for 6 weeks, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy, 1 time per wk for 6 wks, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar & Thoracic chapter - Shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jeon JH, Jung YJ, Lee JY, et al. The Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome. *Annals of Rehabilitation Medicine*. 2012;36 (5):665-674.

Decision rationale: The claimant sustained a work injury in October 2012 and continues to be treated for widespread pain. Treatments have included extracorporeal shockwave therapy for the right shoulder and bilateral elbow lateral epicondyles. When seen, she was having cervical and thoracic pain. Physical examination findings included decreased range of motion with paraspinal muscle trigger points and spasms. In terms of shockwave therapy for myofascial pain, there are other conventional treatments such as use of TENS or trigger point injections that are considered equally effective in providing pain relief and improved range of motion. Its routine use is not supported. Therefore, the requested shockwave therapy was not medically necessary.