

Case Number:	CM14-0138129		
Date Assigned:	09/05/2014	Date of Injury:	08/02/2013
Decision Date:	10/08/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 854 pages provided for this review. The request for independent medical review was signed on August 20, 2014. It was for continued extracorporeal shockwave therapy for the cervical spine, lumbar spine and both shoulders for 15 minutes visits. Per the records provided, the patient is a 44-year-old man who sustained an industrial injury on August 2, 2013. There was a diagnosis of cervical and lumbar strain with disc protrusion, bilateral shoulder sprain and osteoarthritis and tendinitis, and gastritis due to non-steroidal anti-inflammatory medicines. Treatment has included physical therapy, chiropractic care, medicines and shockwave treatment. An MRI was done on December 10, 2013 which showed nonspecific straightening. There was a posterior annular tear in the intravertebral disc at L3-L4 with a 3 mm posterior disc bulge. The MRI of the cervical spine showed degenerative spondylotic changes. An MRI of the left shoulder from December 10, 2013 showed subchondral cyst formation, acromioclavicular osteoarthritis and supraspinatus tendinitis and infraspinatus tendinitis. The MRI of the right shoulder showed osteoarthritis. He had a pain management consult on February 3, 2014 for neck and lower back pain. They recommended a first diagnostic epidural steroid injection. The patient would like to think about it so the procedure was put on hold.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued extra-corporeal shock-wave therapy for cervical spine, lumbar spine, and bilateral shoulder (15 visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic) Chapter 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) Shoulders section, under Extracorporeal Shock Wave Therapy

Decision rationale: Regarding the shoulder area shock wave therapy, the guidelines note it is recommended for calcifying tendinitis but not for other shoulder disorders. There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. (Speed, 2002) (Blue Cross Blue Shield, 2003) For nonspecific chronic shoulder pain, supervised exercises are more effective than shockwave treatment, according to this RCT. The use of this modality for other areas is under study. The objective benefit out of past use is not known. The request is not medically necessary.