

Case Number:	CM14-0183430		
Date Assigned:	11/10/2014	Date of Injury:	09/09/2013
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine & Rehabilitation, 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:

This 52 year-old patient sustained an injury on 9/9/13 while employed by [REDACTED]. Request(s) under consideration include High and/or low energy extracorporeal shockwave treatment therapy 1 x a week very 2 weeks. Diagnoses include right hip contusion/sprain; right shoulder sprain; and left thumb sprain/trigger thumb. Bilateral hip ultrasound dated 6/25/14 showed right greater trochanteric bursitis; right gluteus medius tendinosis; right TFL strain/microtears/ fibrosis; and left normal hip. Conservative care has included medications, physical therapy, cortisone injections, and modified activities/rest. Report of 10/6/14 from the provider noted the patient with continued right hip pain s/p trochanteric cortisone injection on 9/29/14 without benefit; left thumb triggering; pain level of 6-8/10 unchanged. Exam showed left thumb with tenderness of thenar eminence, first CMC joints, and extensor compartment; A1 pulley active triggering; right hip with TTP of the piriformis, gluteus medius, and greater trochanter; positive Fabere's test. The patient remained TTD. The request(s) for High and/or low energy extracorporeal shockwave treatment therapy 1 x a week very 2 weeks was non-certified on 10/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or low energy extracorporeal shockwave treatment therapy 1 x a week very 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis Chapter, Extracorporeal shock wave therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shock wave therapy (ESWT), page 303

Decision rationale: This 52 year-old patient sustained an injury on 9/9/13 while employed by [REDACTED]. Request(s) under consideration include High and/or low energy extracorporeal shockwave treatment therapy 1 x a week very 2 weeks. Diagnoses include right hip contusion/sprain; right shoulder sprain; and left thumb sprain/trigger thumb. Bilateral hip ultrasound dated 6/25/14 showed right greater trochanteric bursitis; right gluteus medius tendinosis; right TFL strain/ microtears/ fibrosis; and left normal hip. Conservative care has included medications, physical therapy, cortisone injections, and modified activities/rest. Report of 10/6/14 from the provider noted the patient with continued right hip pain s/p trochanteric cortisone injection on 9/29/14 without benefit; left thumb triggering; pain level of 6-8/10 unchanged. Exam showed left thumb with tenderness of thenar eminence, first CMC joints, and extensor compartment; A1 pulley active triggering; right hip with TTP of the piriformis, gluteus medius, and greater trochanter; positive Fabere's test. The patient remained TTD. The request(s) for High and/or low energy extracorporeal shockwave treatment therapy 1 x a week very 2 weeks was non-certified on 10/14/14. Guidelines states ESWT to be under study for tendinopathy and long-bone hypertrophic non-unions, indicating some viability with other data suggesting ineffective treatment compared to current standard of care emphasizing multimodal physical therapy focused on muscle retraining and joint mobilization, and taping. There is no recommendation for the diagnoses pertaining to this patient including hip contusion/sprain. Submitted reports have not demonstrated specific indication, clinical findings, or diagnoses to support for extracorporeal shock wave therapy currently under study per guidelines. The High and/or low energy extracorporeal shockwave treatment therapy 1 x a week very 2 weeks is not medically necessary and appropriate.