

Case Number:	CM14-0185172		
Date Assigned:	11/13/2014	Date of Injury:	10/17/2011
Decision Date:	12/19/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a 66 year old male with an injury date of 10/17/11. Per progress report 10/2/14, the patient presents with headaches, left shoulder pain at 7/10, pelvic pain travels into the lower back at 7/10, travels down the left leg, associated with numbness and tingling; burning bilateral hip pain at 7/10; abdominal pain at the surgical sites due to pelvic surgery at 7/10; feelings of anxiousness and depression due to inability to work. Examination showed palpable tenderness with spasms at the bilateral quadriceps, hamstrings, ROM was normal, and neurologic examination showed 3/5 left leg, slightly decreased sensation to pin-prick and light touch at the L4,5, S1 in the left leg. Listed diagnoses are: 1. headaches 2. History of blunt trauma 3. History of pelvic fracture 4. Dislocated left shoulder with residual pain 5. R/O left shoulder internal derangement 6. Lumbago 7. R/O lumbar radiculopathy 8. Hip pain 9. Incision hernia 10. Respiratory problems 11. Anxiety disorder 12. Mood disorder 13. Sleep disorder Under treatment recommendations, there is a check mark next to "shockwave therapy," Right, Left Hip. No specific discussion regarding this request. 9/4/14 report looks similar with headaches, left shoulder, pelvic, hip abdominal pains as well as anxiousness and depression. Treatment recommendation is same as 10/2/14 report. Utilization review letter denied the request on 10/30/14 and the reports were provided from 5/20/14 to 10/2/14 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Extracorporeal shockwave therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 201-205, 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Extracorporeal shockwave therapy (ESWT)

Decision rationale: This patient presents with headaches, shoulder, low back, pelvic/hip pains along with depression and anxiety. The request is for 12 extracorporeal shockwave therapy sessions to the bilateral hips. MTUS, ACOEM and ODG guidelines do not specifically address ECST for hip conditions. However, ODG guidelines for L-spine does not recommend this treatment. ODG guideline do support ECST for calcific tendinitis of the shoulder, lateral epicondylitis and low energy ECST for plantar fasciitis. In this case, there is lack of any guidelines support for the use of this treatment for non-specific pelvic/hip pains. Recommendation is for denial.