

<b>Case Number:</b>	CM14-0088164		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/15/2006
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 36-year-old female was reportedly injured on 06/15/2006. The most recent progress note, dated 02/27/2014, indicated that there were ongoing complaints of neck pain, right upper extremity pain, thoracic spine, and lumbar spine pain. The physical examination was handwritten and stated the patient had a blood pressure of 110/64, a pulse of 79 and is AAO times three. The cervical, thoracic, and lumbar spine had positive spasm right more than left. There was also positive tenderness to palpation of the vertebral muscles. No recent diagnostic studies are available for review. Previous treatment included conservative treatment. Request had been made for acupuncture two times a week for four weeks for the cervical, thoracic, lumbar spine, and right shoulder, as well as extracorporeal shockwave therapy, and an orthopedic evaluation, and was non-certified in the pre-authorization process on 05/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Two times a week for four weeks for the Cervical, Thoracic and Lumbar Spine, Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request is not considered medically necessary.

**Extracorporeal Shockwave Therapy Once a week for four to six 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC; Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic): Extracorporeal Shock Wave Therapy (ESWT) (updated 08/27/14)

**Decision rationale:** MTUS/ACOEM practice guidelines support Extracorporeal Shock Wave Therapy (ESWT) for treatment of calcific rotator cuff tendinitis of the shoulder that has failed 6 months of conservative treatment, physical therapy or occupational therapy, NSAIDs, and cortisone injections. Review of the available medical records fails a documented plain radiograph findings or a diagnosis of calcific rotator cuff tendinitis. In addition, ESWT is not addressed by the guidelines for the cervical, thoracic or lumbar spine. As such, this request is not considered medically necessary.

**Orthopedic Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) page 179-181

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127

**Decision rationale:** MTUS/ACOEM practice guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records documents multiple orthopedic complaints without radicular symptoms at the last office visit but fails to give a clinical reason to transfer care to an orthopedic specialist. As such, this request is not considered medically necessary.