

Case Number:	CM14-0154898		
Date Assigned:	09/24/2014	Date of Injury:	08/02/2013
Decision Date:	01/02/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck, elbow, shoulder, and wrist pain reportedly associated with an industrial injury of August 2, 2013. In a Utilization Review Report dated September 5, 2014, the claims administrator denied requests for extracorporeal shock wave therapy and chiropractic manipulative therapy. The claims administrator invoked non-MTUS ODG Guidelines to deny extracorporeal shock wave therapy, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In an August 21, 2013 progress note, the applicant reported ongoing complaints of neck, mid back, low back, and bilateral upper extremity pain with numbness, tingling, and paresthesias about the right hand. Well-preserved shoulder range of motion with 180 degrees of flexion was appreciated. The applicant was given diagnosis of shoulder impingement syndrome, myofascial pain syndrome, elbow pain, elbow tenosynovitis, de Quervain's tenosynovitis of the wrist, and cervical radiculopathy. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. Extracorporeal shock wave therapy for the cervical spine and shoulder was sought. Chiropractic manipulative therapy was also endorsed. In an earlier progress note with a prior treating provider dated June 16, 2014, the applicant reported persistent complaints of arm pain, reportedly attributed to poor ergonomics at work. It was stated that the applicant was previously working regular duty up through April 2014. The applicant was currently given work restrictions which were not accommodated by the employer, effectively resulting in the applicant's removal from the workplace, the attending provider acknowledged. The attending provider maintained that the applicant did not have any significant pathology and that she should endeavor return to work in short order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT) 1 x week x 6 weeks for the cervical spine and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shock Wave Therapy; Shoulder Chapter, Extracorporeal Shockwave Therapy for the Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Therapeutic Ultrasound Page(s): 123. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Extracorporeal Shock Wave Therapy section

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium quality evidence supports the usage of extracorporeal shock wave therapy for the specific diagnosis of calcifying tendonitis of the shoulder, in this case, however, the applicant does not appear to carry a diagnosis of radiographically-confirmed calcifying tendonitis of the shoulder for which ESWT of the shoulder could be considered. Rather, the applicant has been given diagnoses of shoulder myofascial pain and/or shoulder impingement syndrome. These are not, however, indications for extracorporeal shock wave therapy, per ACOEM. Similarly, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound, of which the ESWT at issue is a subset, is "not recommended." Finally, the Third Edition ACOEM Guidelines note that, for most body parts, that there is evidence that extracorporeal shock wave therapy is ineffectual. Here, however, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM and MTUS positions on the article at issue. Therefore, the request is not medically necessary.

Chiropractic 1 x week x 4 weeks for the cervical spine, right shoulder, right elbow and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, chiropractic manipulative therapy is "not recommended" for issues involving the forearm, hand, and wrist, one of the body parts for which manipulative therapy has been sought here. The MTUS Chronic Pain Medical Treatment Guidelines do not specifically address the topic of manipulative therapy for the cervical spine, shoulder, and/or elbow, the other body parts for which manipulative treatment has been endorsed. The MTUS Guideline in ACOEM Chapter

9, page 203 notes that the period of treatment for which manipulation by manual therapist has been described to be effective is limited to few weeks, as results diminish over time. Manipulation by manual therapist is effective for applicants with frozen shoulders, ACOEM notes. Here, however, the applicant does not, in fact, have frozen shoulder. The applicant exhibited 180 degrees of shoulder range of motion on the August 21, 2014 office visit on which chiropractic manipulative therapy was endorsed. Since chiropractic manipulative therapy is not, thus, endorsed for the shoulder or wrist, two of the body parts for which it has been sought here, the request, as written, cannot be supported. Therefore, the request is not medically necessary.