

Case Number:	CM14-0219327		
Date Assigned:	01/09/2015	Date of Injury:	10/28/2011
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 injured worker is a 49 year old male, who sustained an industrial injury on 10/28/11. He has reported wrist and bilateral shoulder pain. The diagnoses have included unspecified derangement of joint of shoulder region, lateral epicondylitis, displacement of cervical intervertebral disc without myelopathy and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included bilateral shoulder block, medications, TENS unit, physical therapy and home exercise program. (MRI) magnetic resonance imaging of the right shoulder performed on 12/8/14 revealed tear of the supraspinatus tendon superimposed on tendinosis, mild acromioclavicular arthrosis, superior humeral migration with subacromial space impingement and no other significant abnormalities. Currently, the IW complains of pain in bilateral shoulders, pain in bilateral elbows, pain neck pain and pain in upper and lower back; all unchanged from previous exams. The IW has received certification for orthopedic surgery however, he prefers to continue home exercise program. Physical exam noted tenderness of thoracic spine, bilateral paravertebral muscle tenderness, midline tenderness of lower back and bilateral paravertebral muscle tenderness, thoracic and lumbar spine movements remain painful. On 12/12/14 Utilization Review non-certified a request for 3 shockwave therapy sessions to the left elbow, noting the it is not recommended and there is no information to support as there is no documentation in relation to the elbows or what prior treatment the IW has received. The ODG was cited. On 12/18/14, the injured worker submitted an application for IMR for review of 3 shockwave therapy sessions to the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy 1 times per week for 3 weeks for the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter
ESWT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Elbow,ESWT pub med search ESWT

Decision rationale: ODG states "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended". ODG recommends against electric shockwave therapy. As such, the request for Shockwave therapy 1 times per week for 3 weeks for the left elbow is not medically necessary.