

Case Number:	CM15-0007242		
Date Assigned:	01/22/2015	Date of Injury:	11/15/2013
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female was injured 11/15/2013 in an industrial accident involving cumulative type injuries while working as a cook. Current complaints are burning intermittent pain in the neck, shoulders, elbows, wrists, hands and right middle finger and psychological problems due to stress. Her pain intensity ranges from 3-5/10. Medications include deprizine, dicopanol, fanatrex, synapryn, tabradol, cyclobenzaprine and ketoprofen cream. Treatments included physical therapy, surgery and medications. She has had radiographs and abnormal electromyography/ nerve conduction study of right upper extremity (7/22/14). Diagnoses include cervical spine strain/sprain rule out herniated nucleus propulsus, rule out cervical radiculopathy; bilateral shoulder, elbow, wrist sprain/strain, rule out internal derangement; status post bilateral hand surgery with residual pain (carpal tunnel release; status post right middle finger surgery; anxiety, mood and sleep disorders and stress. The provider requested extracorporeal shockwave therapy. On 1/1/15 Utilization Review non-certified the request for extracorporeal shockwave therapy 1 time/ week for 6-12 weeks based on guidelines showing conflicting results regarding guidelines and recent studies do not always support treatment. There was no evidence of calcifying tendinitis. Guideline referenced was ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy 1x/week for 6-12 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 (ODG)-TWC

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

Decision rationale: The 49 year old patient presents with intermittent, burning and radicular neck pain rated at 3/10, burning bilateral shoulder pain rated at 4-5/10, bilateral elbow pain rated at 5/10, and bilateral hand/wrist/digit pain at 4-5/10, as per progress report dated 11/20/14. The request is for EXTRACORPOREAL SHOCKWAVE THERAPY 1 X/WEEK FOR 6-12 WEEKS. The RFA for this case is dated 11/18/14, and the patient's date of injury is 11/15/13. The patient is status post bilateral hand surgery with residual pain and right middle digit surgery in 2014. The patient is also six weeks status post right carpal tunnel release, as per progress report dated 10/07/14. She complains of numbness and tingling in the upper extremities, and is also experiencing anxiety, stress, insomnia and depression, as per progress report dated 11/20/14. Diagnoses, as per the same progress report, included cervical spine sprain/strain, R/o cervical radiculopathy, bilateral shoulder sprain/strain, bilateral wrists sprain/strain, and bilateral elbow sprain/strain. The patient is temporarily totally disabled, as per progress report dated 11/20/14. ODG Guidelines, Shoulder (Acute & Chronic), extracorporeal shockwave therapy (ESWT) states: "ESWT for shoulder problems: Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks." Regarding Extracorporeal shock-wave therapy in chapter 'Elbow, Hand & Wrist' and topic 'Extracorporeal shockwave therapy (ESWT)', ODG guidelines state that it is recommended for "Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment." In this case, there is no documentation of prior shockwave therapy. In progress report dated 11/20/14, the treater requests for "shockwave therapy, that is, up to 3 treatments for the bilateral shoulders, bilateral elbows, bilateral wrists, bilateral hands and digits, and up to 6 treatments for the cervical spine." However, ODG guidelines do not discuss shockwave therapy for the cervical spine, and the patient does not have a diagnoses of lateral epicondylitis or calcifying tendinitis for which shockwave therapy is recommended by the ODG. Hence, the request IS NOT medically necessary.