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| Case Number: | CM15-0017095 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 08/27/2010 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 12/26/2014 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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:

The injured worker is a 39 year old female who sustained a work related injury August 27, 2010. According to an orthopedic evaluation report dated June 16, 2014, the injured worker was involved in a motor vehicle accident May 15, 2014, and as a result has had pain in the neck, upper back, right and left shoulder/arm, right left hip/thigh, and right ankle/foot, left ankle. She was treated with medications and physical therapy. According to a treating physician's progress report dated December 3, 2014, the injured worker presented with pain in the neck with numbness, pain in the upper and lower back, right shoulder/arm and left ankle. The physical examination is not legible on handwritten notes except for 2+ to lumbar sacral paraspinal musculature and is undergoing physical and aquatic therapy. Diagnoses are documented as cervical spine disc bulge; thoracic sprain/strain; lumbar spine disc rupture; right shoulder strain; left ankle strain. Electrodiagnostic studies dated September 16, 2014 (report present in medical record), reveals evidence of mild acute S1 radiculopathy on the right. According to utilization review dated December 26, 2014, the request for (6) Extracorporeal Shockwave Therapy Sessions are non-certified, citing MTUS ACOEM Guidelines, Extracorporeal Shockwave Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 extracorporeal shockwave therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, ESWT Low back chapter, ESWT

Decision rationale: This patient presents with chronic neck, lower back, and right shoulder. The current request is for 6 EXTRACORPOREAL SHOCKWAVE THERAPY SESSIONS. The medical reports do not discuss this request; therefore, it is unclear which body part the treating physician is attempting to treat. The ACOEM Guidelines page 235 states the following regarding ESWT, "Published randomized clinical trials are needed to provide better evidence for the use of many physical therapy modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities is extracorporeal shockwave therapy (ESWT)." The ODG Guidelines under ESWT under the Shoulder Chapter states, "Recommended for calcifying tendinitis." The ODG guidelines under the low back chapter does not recommend extracorporeal shockwave therapy. The ODG Guidelines regarding ESWT specifically for the knees/legs states, "Under study for patellar tendinopathy and for long bone hypertrophic non-unions." In this case, ACOEM and ODG Guidelines do not support the use of ESWT for knee or lumbar conditions and ODG guidelines do not discuss shockwave therapy for the cervical spine. This patient does not have a diagnoses of lateral epicondylitis or calcifying tendinitis for which shockwave therapy is recommended for. Hence, the request IS NOT medically necessary.