

Case Number:	CM15-0110758		
Date Assigned:	06/17/2015	Date of Injury:	06/02/2011
Decision Date:	09/03/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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 50 year old female, who sustained an industrial injury on June 2, 2011, incurring injuries to the cervical spine, lumbar spine, bilateral shoulders and bilateral wrists. She was diagnosed with cervical disc protrusion, lumbar disc protrusion, right rotator cuff tear, right shoulder tenosynovitis, right carpal tunnel syndrome, right wrist tenosynovitis and left carpal tunnel syndrome. Treatments included physical therapy, chiropractic sessions, acupuncture, injections, pain medications, and activity restrictions. Currently, the injured worker complained of persistent tenderness and muscle spasms to the lower back. She noted continued pain in the neck, right shoulder, left shoulder and bilateral wrists. The treatment plan that was requested for authorization included shockwave therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy Lumbar spine: 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, Shockwave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: Report from the provider does not specify shockwave frequency, duration of the ESWT or specific indication to warrant this procedure. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic non-unions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ECSW treatment for the listed diagnoses involving the low back. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Shockwave therapy Lumbar spine is not medically necessary and appropriate.