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| Case Number: | CM15-0125106 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 10/30/2007 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 60-year-old female who sustained an industrial /work injury on 10/30/07. She reported an initial complaint of pain in neck, back, left shoulder and left arm. The injured worker was diagnosed as having cervical musculoligamentous sprain with radiculitis, rule out cervical discogenic disease; thoracic strain/sprain; lumbosacral sprain/strain with radiculitis, rule out lumbar-sacral spine discogenic disease; thoracic strain/sprain with radiculitis; bilateral shoulder strain/sprain, rule out tendinitis; bilateral elbow strain/strain, epicondylitis; bilateral wrist strain/sprain, rule out carpal tunnel syndrome; bilateral foot plantar fasciitis. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of headaches, eye/ear problems, neck pain, back pain, both shoulder/arm pain, feet pain. Per the primary physician's report (PR-2) on 6/15/15, exam noted tenderness to the cervical spine and spasm bilateral paraspinal muscles, occipital muscles, suboccipital muscles, bilateral trapezius, levator scapulae, decreased range of motion, positive compression test, and thoracic spine tenderness to palpation, spasm and trigger points. Lumbar spine tenderness to paraspinal muscles, sacroiliac joints, sciatic notch, posterior iliac crests, gluteal muscles, spasms bilaterally, decreased range of motion, positive straight leg raise, left shoulder tenderness to palpation anteriorly and posteriorly, bicep muscles, tendon groove, deltoid, rotator cuff with decreased range of motion, elbow tenderness to palpation anteriorly and posteriorly, positive cozens, Mills tests, decreased motor strength, decreased sensation bilateral upper extremities medial nerve distribution, decreased motor strength right lower extremity at 4/5, decreased sensation right thigh, anterior knee, medial leg, foot. The requested treatments include ECSWT (extracorporeal shockwave treatment) to the bilateral wrists. Patient has received an unspecified number of conservative therapy visits for this injury. The current medication list was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECSWT x 4 Bilateral Wrists: 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), Elbow chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 06/23/15) Extra corporeal shockwave therapy (ESWT) Shoulder (updated 07/30/15) Extra corporeal shock wave therapy (ESWT).

Decision rationale: ECSWT x 4 Bilateral Wrists. ACOEM and CA-MTUS guidelines do not address shock wave therapy. Per the cited guidelines, extracorporeal shockwave treatment is "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. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects." Per the cited guidelines, extracorporeal shockwave treatment is "Recommended for calcifying tendinitis but not for other shoulder disorders." There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions." 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). Maximum of 3 therapy sessions over 3 weeks. Any evidence of calcifying tendinitis was not specified in the records provided. As per the cited guidelines, extracorporeal shockwave treatment is not recommended. Per the cited guidelines, there was no high-grade scientific evidence to support the use of extracorporeal shockwave treatment for this diagnosis. Patient has received an unspecified number of conservative therapy visits for this injury. The response to prior conservative treatments including physical therapy or chiropractic therapy was not specified in the records provided. The notes from the previous conservative treatments sessions were not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for ECSWT x 4 Bilateral Wrists is not medically necessary in this patient.