

Case Number:	CM15-0129332		
Date Assigned:	07/15/2015	Date of Injury:	11/02/2012
Decision Date:	08/11/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/03/2015

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: Emergency Medicine

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 63-year-old female, who sustained an industrial injury on 11/2/12. Initial complaints were not reviewed. The injured worker was diagnosed as having right knee medial meniscus tear; left knee medial meniscus tear with medial cyst; spondylolisthesis L4 on L5; status post remote left knee surgery; bilateral carpal tunnel syndrome; left shoulder rotator cuff tendinopathy with impingement and acromioclavicular joint osteoarthropathy/SLAP lesion; right shoulder impingement syndrome. Treatment to date has included status post right knee arthroscopy (8/26/13); physical therapy; TENS unit; medications. Currently, the PR-2 notes dated 2/6/15 indicated the injured worker complains of right wrist/hand pain on a pain scale of 7/10. She is asking about a right carpal tunnel release, which has been approved, but due to extenuating family circumstances, it was delayed. Those circumstances are reported as resolved. The injured worker recalls the left carpal tunnel release. The documentation notes left wrist/hand pain is rated at 7/10 and low back pain with left greater than right lower extremity symptoms is rated at 5/10. He has left knee pain with pain 5/10 and the right knee pain is resolved. Objective findings are notes as positive Tinel's/Phalen's left and right with diminished sensation to the median nerve distribution. The Jamar is markedly limited for the left and right. He notes spasms of the forearm musculature decreased on this day with spasm noted of the lumboparaspinal musculature decreased. The right and left knee exam remains unchanged. The provider is requesting authorization of Extracorporeal shock wave therapy for the lumboparaspinal trigger points/myofascia I pain syndrome, five sessions, utilizing the EMS Swiss Color Clast ESWT device, 2000 shocks at the level 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy for the lumboparaspinal trigger points/myofascia I pain syndrome, five sessions, utilizing the EMS Swiss Color Clast ESWT device, 2000 shocks at the level 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Shockwave therapy.

Decision rationale: The requested Extracorporeal shock wave therapy for the lumboparaspinal trigger points/myofascia I pain syndrome, five sessions, utilizing the EMS Swiss Color Clast ESWT device, 2000 shocks at the level 2, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Low Back, and Shockwave therapy noted: "Shock wave therapy not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011)" The injured worker has left wrist/hand pain is rated at 7/10 and low back pain with left greater than right lower extremity symptoms is rated at 5/10. He has left knee pain with pain 5/10 and the right knee pain is resolved. The treating physician has documented positive Tinel's/Phalen's left and right with diminished sensation to the median nerve distribution. The Jamar is markedly limited for the left and right. He notes spasms of the forearm musculature decreased on this day with spasm noted of the lumboparaspinal musculature decreased. The right and left knee exam remains unchanged. The treating physician has not documented the medical necessity for this treatment as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Extracorporeal shock wave therapy for the lumboparaspinal trigger points/myofascia I pain syndrome, five sessions, utilizing the EMS Swiss Color Clast ESWT device, 2000 shocks at the level 2 is not medically necessary.