

Case Number:	CM15-0141553		
Date Assigned:	07/31/2015	Date of Injury:	06/22/2012
Decision Date:	10/13/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female, who sustained an industrial injury on 6-22-12. Medical record indicated the injured worker is undergoing treatment for spinal headache, cervical sprain-strain, right and left shoulder sprain-strain, right and left elbow sprain-strain, right and left wrist sprain-strain and right knee sprain-strain. Treatment to date is not documented. On 5-12-14, the injured worker complains of stiff neck with prolonged sitting, headaches, sharp pain to right shoulder with overhead activities, left shoulder pain worsened with repetitive activities, right elbow discomfort, hands feel weak and numb with repetitive use and persistent right knee pain worsens with use of stairs. Objective findings on 5-12-14 noted tenderness to palpation of the cervical paravertebral muscles, tenderness to palpation of anterior and posterior right and left shoulder, tenderness to palpation of lateral and medial right and left elbow, tenderness to palpation of lateral and medial right and left wrist and tenderness to palpation of lateral and medial knee. The treatment plan included shockwave of bilateral shoulders, elbows, wrists and bilateral hands. On 7-6-15, utilization review non-certified extracorporeal shock wave therapy noting the wrist is considered investigational and not medically necessary, regarding the forearm there does not appear to be meaningful difference between treating with extracorporeal shock wave therapy with fore-arm stretching or with forearm stretching alone and regarding shoulders supervised exercises are more effective than shockwave treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective extracorporeal shock wave therapy 2 times a week for 6 weeks for the shoulder/arm (DOS 05/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Extracorporeal shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Extracorporeal Shock Wave Therapy.

Decision rationale: This claimant was injured in 2012 and is receiving treatment for spinal headache, cervical sprain-strain, right and left shoulder sprain-strain, right and left elbow sprain-strain, right and left wrist sprain-strain and right knee sprain-strain. Treatment to date is not documented. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG recommends this procedure for the shoulder only for calcific tendinitis, but no other conditions. The criteria for the use of Extracorporeal Shock Wave Therapy (ESWT) are: 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) Maximum of 3 therapy sessions over 3 weeks. The claimant fails several criteria of the evidence-based guide for shock wave therapy to the shoulder; the request is not medically necessary and appropriately non-certified.

Retrospective extracorporeal shock wave therapy 2 times a week for 6 weeks for the elbow/forearm (DOS 05/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, under extracorporeal shock wave therapy.

Decision rationale: As shared previously, this claimant was injured in 2012. Medical records indicated the injured worker was undergoing treatment for spinal headache, cervical sprain-strain, right and left shoulder sprain-strain, right and left elbow sprain-strain, right and left wrist sprain-strain and right knee sprain-strain. Treatment to date is not documented. Regarding shock wave therapy for the elbow, the MTUS is silent. The ODG does speak to elbow shock wave therapy and concludes it not recommended. There is, per the ODG research document, a lack of convincing evidence of effectiveness. It would be inappropriate to use untested or ineffective methodology in the injured worker population. The request therefore is not medically necessary and appropriately not certified.

Retrospective extracorporeal shock wave therapy 2 times a week for 6 weeks for the wrist (DOS 05/12/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Blue Cross: Medical Policy; Subject: Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Wrist and Elbow sections, Extracorporeal Shock Wave Therapy in the Elbow section.

Decision rationale: As shared previously, this claimant was injured in 2012. Medical records indicated the injured worker was undergoing treatment for spinal headache, cervical sprain-strain, right and left shoulder sprain-strain, right and left elbow sprain-strain, right and left wrist sprain-strain and right knee sprain-strain. Treatment to date was not documented. For the wrist region, the MTUS is silent. The ODG also does not address its use in the wrist. For the elbow, as previously captured, it is a "not recommended" procedure. There is, per the research document, a lack of convincing evidence of effectiveness. It is reasonable to extrapolate those findings to the wrist, and no actual data is reported to support its use in the wrist. The request is appropriately non-certified due to a lack of study of the procedure on the wrist, and its known lack of effectiveness in an adjacent body region.