

Case Number:	CM15-0173185		
Date Assigned:	09/25/2015	Date of Injury:	10/27/2014
Decision Date:	10/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female who sustained an industrial injury on 10-27-2014. The injured worker was diagnosed with cervical spine degenerative disc disease, thoracic and lumbar spine sprain and strain to rule out herniated nucleus pulposus, left shoulder sprain and strain to rule out internal derangement, bilateral hip sprain and strain to rule out internal derangement, bilateral knee sprain and strain to rule out internal derangement and osteoporosis. According to the treating physician's progress report on 07-10-2015, the injured worker continues to experience constant cervical spine pain rated at 6 out of 10, thoracic spine pain rated at 7 out of 10, lumbar spine pain 9 out of 10, intermittent left shoulder pain at 5 out of 10, right knee pain 9-10 out of 10 and left knee at 4 out of 10 on the pain scale. Examination conducted on the thoracic spine noted bilateral tenderness and spasm of the thoracic paraspinal muscles at T5-T7. The lumbar spine examination demonstrated tenderness and spasm of the paraspinal and quadratus lumborum muscles, left side greater than right with decreased range of motion. The left shoulder noted tenderness of the rotator cuff and acromioclavicular joint with crepitation. There was decreased and painful range of motion of the left shoulder. The knee examination noted tenderness at the medial joint line bilaterally with crepitation, right side greater than left. Range of motion on the right knee exhibited pain throughout and pain on extreme range of motion on the left knee. Diagnostic testing included right knee, left shoulder and lumbar spine X-rays on 04-07-2015, lumbar spine magnetic resonance imaging (MRI) on 02-10-2015 and range of motion with Inclinator in April 2015. Prior treatments included medications. A urine drug screening was performed on 07-10-2015. Current medications

prescribed were listed as Tylenol #3, Cyclobenzaprine, Omeprazole and topical analgesics. Treatment plan consists of acupuncture therapy, psychological consultation and follow-up, internal medicine consultation and the current request for authorization for extracorporeal shockwave therapy of the left shoulder, bilateral hips, thighs, knees, neck, and thoracic spine. On 08-18-2015, the Utilization Review determined the request for Extracorporeal Shockwave Therapy of the left shoulder, bilateral hips, thighs, knees, neck, and thoracic spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy of the Left Shoulder, Bilateral Hips, Thighs, Knees, Neck, and Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22433113> - Extracorporeal shockwave therapy in musculoskeletal disorders; Official Disability Guidelines, Knee & Leg, Online Version, Extracorporeal shock wave therapy (ESWT); Low Back, Online Version, Shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back - Lumbar & Thoracic (Acute & Chronic), Shock wave therapy (2) Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) (3) Ankle & Foot (Acute & Chronic), Extracorporeal shock wave therapy (ESWT) (4) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT) (5) Knee & Leg (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in October 2014. She continues to be treated for pain throughout the spine, left shoulder, and both knees. When seen, there was paraspinal muscle tenderness with spasms. There was shoulder and acromioclavicular joint tenderness with decreased and painful range of motion and crepitus. There was pain and crepitus with knee range of motion. Authorization is being requested for extracorporeal shockwave therapy for the left shoulder, both hips, thighs, knees, neck, and thoracic spine. Shock wave therapy for the spine is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Shock wave therapy can be considered for the treatment of chronic epicondylitis, chronic plantar fasciitis, calcifying tendinitis of the shoulder, and is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. None of these conditions is present. The request is not medically necessary.