

Case Number:	CM15-0175937		
Date Assigned:	09/17/2015	Date of Injury:	09/27/2005
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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 65 year old female, who sustained an industrial injury on 9-27-05. The injured worker was diagnosed as having osteoarthritis unspecified leg; chronic low back pain; pain in limb; spinal enthesopathy lumbar region; lumbar radiculopathy; postlaminectomy syndrome lumbar; lumbosacral spondylosis; chronic use of opiate drugs therapeutic purposes; lumbar muscle spasm; left shoulder adhesive tendinitis; left shoulder bursitis; left shoulder impingement syndrome; left foot tenosynovitis. Treatment to date has included status post lumbar posterior fusion (2006); status post removal of lumbar posterior fusion hardware (2-1-11); status post left total knee arthroplasty (2-22-12); physical therapy; medications. Diagnostics studies included X-rays lumbar spine (2-21-13); MRI left shoulder (7-18-14). Currently, the PR-2 notes dated 8-19-15 indicated the injured worker complains of continuous low back pain, with pain radiating into the bilateral lower extremity. The injured worker reports the pain is accompanied with numbness, weakness, tingling and burning sensation and increases with prolonged standing, twisting, walking, lifting, bending, stooping and squatting. The provider documents "the patient rates the low back pain as 9 on a scale of 1-10, 1 being the lowest level of pain and 10 being the maximum level of pain." The injured worker complains of intermittent left shoulder pain on rotation, torquing motions, reaching overhead, lifting, carrying, pushing and pulling exacerbates the shoulder pain. The provider documents "The patient rates the pain level as 7 on a scale of 1-10, 1 being the lowest level of pain and 10 being the maximum level of pain." The injured worker complains of intermittent left foot and ankle pain. The pain increases with prolonged standing, walking, climbing. The provider documents "The patient rates the left

ankle-foot pain level as 8 on a scale of 1-10, 1 being the lowest level of pain and 10 being the maximum level of pain." Objective findings are noted by this provider stating, "The patient does not use assistive devices or supports. Motor strength is 5 out of 5 left shoulder and lower extremities. Deep tendon reflexes are normal and equal bilaterally at 2 out of 2. The patient has mild antalgic gait. The patient has a mild limp." On physical examination, the provider notes, "There is tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. There is tenderness to palpation of the anterior shoulder. There is muscle spasm of the anterior shoulder. Neer's is positive. Hawkin's is positive, Shoulder apprehension is negative. There is swelling, atrophy present at the right knee. There is tenderness to palpation of the anterior knee. Anterior Drawer is negative. Posterior Drawer is negative. Valgus is negative. Varus is negative. The left knee: there is tenderness to palpation of the anterior knee. McMurray's is negative. Valgus is negative, Varus is negative. Anterior Drawer is negative. Posterior Drawer is negative. The left foot: There is tenderness to palpation of the Sinus Tarsi. Tinel's is negative." The provider's treatment plan includes a request for an MRI of the left shoulder; pending authorization for a right knee replacement and a request for extracorporeal shockwave therapy (ESWT) for the left shoulder due to continuing pain despite manual physical therapy, ultrasound, and activity modification as well as failure of NSAIDS. A Request for Authorization is dated 8-28-15. A Utilization Review letter is dated 8-28-15 and non-certification was for extracorporeal shockwave therapy (ESWT) for the left shoulder quantity 3. Utilization Review denied the requested treatment for not meeting the ODG Guidelines for extracorporeal shockwave therapy stating, "ESWT is narrowly indicated for lateral epicondylitis, and documented calcific tendinitis of the shoulder following failure of benefit with conservative management. Such is not the case here. Therefore, the request for ESWT is denied." The provider is requesting authorization of extracorporeal shockwave therapy (ESWT) for the left shoulder quantity 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the left shoulder Qty: 3.00: 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) Treatment Index 9th Edition (web) Extracorporeal shock wave therapy: Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Extracorporeal Shockwave Treatment.

Decision rationale: The current request is for Extracorporeal shockwave therapy for the left shoulder Qty: 3.00. The RFA is dated 08/28/15. Treatment to date has included status post lumbar posterior fusion (2006); status post removal of lumbar posterior fusion hardware (2-1-11); status post left total knee arthroplasty (2-22-12); physical therapy; medications. The patient is not working. ODG Guidelines, Shoulder Chapter, under Extracorporeal Shockwave Treatment (ESWT) states: Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found

extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 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) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. Per report 08/19/15, the patient complains of intermittent left shoulder pain. There is tenderness to palpation of the anterior shoulder, muscle spasms and positive Neer's and Hawkins's. The treater recommended extracorporeal shockwave therapy for the left shoulder "due to continuing pain despite physical therapy, ultrasound, activity modification, and NSAIDs." MRI of the left shoulder from 07/18/15 revealed mild supraspinatus and infraspinatus tendinosis, and mild acromioclavicular joint osteoarthritis. While MTUS and ACOEM guidelines do not discuss shockwave therapy, ODG guideline does provide support for patients with shoulder calcifying tendinitis. In this case, there is no evidence provided that the patient has calcifying tendinitis, and the patient does not have a diagnosis for which this modality would be indicated. Therefore, the request is not medically necessary.