Case Number:	CM15-0063876		
Date Assigned:	04/09/2015	Date of Injury:	09/08/2012
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on September 8, 2012. The injured worker was diagnosed as having headaches, microangiopathic disease of the brain, cervical and lumbar degenerative disc disease (DDD), disc displacement and radiculopathy, bilateral shoulder rotator cuff tear, tendonitis and arthrosis, right knee meniscus tear and status post left knee contusion. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), medication, shock wave therapy, acupuncture, chiropractic therapy, physical therapy and neurostimulation. A progress note dated February 11, 2015 provides the injured worker complains of headache, neck, shoulder, back and knee pain and associated sleep disturbance from pain. Physical exam notes tenderness and decreased range of motion (ROM) in all affected areas. The plan includes continuing ongoing treatment and therapy including shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective electrocorporeal shockwave therapy (ESWT) (procedure #4) for DOS 3/4/2015: 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), extracorporeal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shock wave therapy. http://www.odg-twc.com/index.html.

Decision rationale: According to ODG guidelines, shockwave 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)." Therefore, the request for Retrospective electrocorporeal shockwave therapy (ESWT) (procedure #4) for DOS 3/4/2015 is not medically necessary.