

Case Number:	CM15-0074931		
Date Assigned:	04/24/2015	Date of Injury:	10/02/2013
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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 53 year old male who sustained an industrial injury on 10/2/13. The mechanism of injury is unclear. The injured worker complains of sharp, stabbing neck pain with associated numbness and tingling of bilateral upper extremities. The pain level is 7/10; sharp bilateral shoulder pain the right shoulder pain level is 8/10 and the left is 6/10; left elbow pain with pain level of 4/10; mid-back pain with a pain level of 5-6/10; low back pain with radiation to bilateral lower extremities with a pain level of 7-8/10. The above pain is aggravated with activities. He has relief with medications and medications allow him to have a restful sleep. Medications are Synapryn, tabradol, cyclobenzaprine, ketoprofen cream. Diagnoses include cervical spine multilevel disc displacement and degeneration; rule out cervical spine radiculopathy; bilateral shoulder impingement syndrome; bilateral shoulder tendinitis; left elbow sprain/ strain; lateral epicondylitis; thoracic spine pain; thoracic spine herniated nucleus pulposus; low back pain; lumbar disc displacement; grade 1 retrolisthesis of L5 over S1; rule out lumbar radiculopathy; bilateral knee pain; bilateral knee tear of posterior horn of the lateral meniscus; bilateral knee anterior cruciate ligament tear; lower leg contusion. Treatments to date include medications, acupuncture, chiropractic treatments. Diagnostics include MRI cervical and lumbar spine (4/17/14/11/4/14); MRI shoulders (4/21/14); left elbow MRI (4/17/14); MRI thoracic spine (4/17/14); MRI bilateral knees (4/21/14); MRI right shoulder (11/3/14); MRI of the right knee (11/3/14). In the progress note dated 1/30/15 the treating provider's plan of care includes a course of shockwave therapy three treatments for each affected body part (bilateral

shoulder, left elbow and bilateral knees and up to six treatments for the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy (ESWT) 1 time 6-12 weeks (for cervical spine (C/S), thoracic spine (T/S), lumbar spine (L/S), right shoulder, left shoulder, left elbow, right knee and left knee): 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), Shoulder (updated 02/27/15); ODG Low Back (updated 03/03/15); ODG Elbow (updated 02/27/15); ODG Knee & Leg (updated 02/27/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The requested Extracorporeal Shock Wave Therapy (ESWT) 1 time 6-12 weeks (for cervical spine (C/S), thoracic spine (T/S), lumbar spine (L/S), right shoulder, left shoulder, left elbow, right knee and left knee) , is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Initial Care, Page 203, note "Some medium quality evidence supports manual physical therapy, ultrasound and high-energy extracorporeal shock wave therapy for calcifying tendonitis of the shoulder. 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). Maximum of 3 therapy sessions over 3 weeks."The injured worker has sharp, stabbing neck pain with associated numbness and tingling of bilateral upper extremities. The pain level is 7/10; sharp bilateral shoulder pain the right shoulder pain level is 8/10 and the left is 6/10; left elbow pain with pain level of 4/10; mid-back pain with a pain level of 5-6/10; low back pain with radiation to bilateral lower extremities with a pain level of 7-8/10. The above pain is aggravated with activities. The treating physician has not documented diagnostic or exam evidence of calcific tendonitis nor noted this as a diagnostic impression, nor results of cortisone injections. The criteria noted above not having been met, Extracorporeal Shock Wave Therapy (ESWT) 1 time 6-12 weeks (for cervical spine (C/S), thoracic spine (T/S), lumbar spine (L/S), right shoulder, left shoulder, left elbow, right knee and left knee) is not medically necessary.