

Case Number:	CM15-0075326		
Date Assigned:	04/27/2015	Date of Injury:	10/04/2012
Decision Date:	06/02/2015	UR Denial Date:	03/13/2015
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: 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 48 year old female, who sustained an industrial injury on 10/4/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical and thoracic musculoligamentous sprain/strain with radiculitis, bilateral shoulder sprain/strain, bilateral shoulder tendinitis with impingement syndrome, bilateral elbow sprain/strain with lateral epicondylitis and bilateral wrist sprain/strain. Cervical magnetic resonance imaging showed disc protrusion with annular tearing. Treatment to date has included physical therapy and medication management. In a progress note dated 2/16/2015, the injured worker complains of pain in the neck, mid-upper back, bilateral shoulders and bilateral elbows and right wrist. The treating physician is requesting 6 sessions of extracorporeal shock wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy 1 time a week for 6 weeks for the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Shock wave therapy.

Decision rationale: The Official Disability Guidelines do not recommend shockwave therapy. 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. Extracorporeal shock wave therapy 1 time a week for 6 weeks for the thoracic spine is not medically necessary.