

Case Number:	CM15-0075401		
Date Assigned:	04/27/2015	Date of Injury:	08/12/2009
Decision Date:	05/22/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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, 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 58 year old female, who sustained an industrial injury on 8/12/09. She reported second metatarsal fracture followed by low back pain a few months later. The injured worker was diagnosed as having shoulder impingement syndrome, low back pain, lumbar disc displacement, lumbar radiculopathy, right ankle internal derangement, anxiety disorder, mood disorder, post-traumatic stress disorder and sleep disorder. Treatment to date has included oral medications, activity restrictions, topical medications and home exercise program. Currently, the injured worker complains of right shoulder pain radiating down the arm to fingers associated with muscle spasms rated 6/10. She also complains of dull, achy, right ankle and foot pain associated with cramping and swelling. The injured worker states medications offer her temporary relief of pain and improve her ability to have restful sleep. Physical exam noted tenderness to palpation at the AC joint and subacromial space of right shoulder, tenderness to palpation at the bilateral PSISs with bilateral lumbar paraspinal guarding and tenderness to palpation of L3-5 spinous processes and right ankle exam noted tenderness to palpation at the medial and lateral malleolus. The treatment plan included a course of localized intense neurostimulation therapy, referral to orthopedic surgeon, referral to pain management specialist, request for (MRI) magnetic resonance imaging of right shoulder, lumbar spine and right ankle and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Extracorporeal shockwave therapy (ESWT) (procedure #2) Date of service (DOS): 03/04/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, 2015 web-based edition; California MTUS guidelines, web-based edition: http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal Shockwave Therapy (ESWT).

Decision rationale: Regarding the request for extracorporeal shockwave therapy, Occupational Medicine Practice Guidelines support the use of extracorporeal shock wave therapy for calcified tendinitis of the shoulder. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcified tendinitis of the shoulder but not for other shoulder disorders. Within the documentation available for review, there is no identification of calcified tendinitis. As such, the currently requested extracorporeal shock wave therapy is not medically necessary.