

Case Number:	CM15-0079847		
Date Assigned:	04/30/2015	Date of Injury:	07/26/2012
Decision Date:	05/29/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: Family Practice

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 female who sustained an industrial injury on July 26, 2012. She has reported injury to the neck, bilateral shoulders, bilateral wrists, low back, and bilateral knees and has been diagnosed with headaches/cephalgia, cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical spine radiculopathy, bilateral shoulder sprain/strain rule out derangement, bilateral wrist sprain/strain rule out derangement, lumbar spine sprain/strain rule out herniated nucleus pulposus, rule out radiculitis, lower extremity, and bilateral knee sprain/strain rule out derangement. Treatment has included medications, modified work duty, activity modifications, shockwave therapy, acupuncture, and chiropractic care. Currently the injured worker complains of pain in the neck, bilateral shoulders, bilateral wrists, low back, and bilateral knees. The treatment request included shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapters on Neck and Back Complaints/Knee Complaints/Shoulder Complaints Section: Shockwave Therapy/Extracorporeal Shockwave Therapy.

Decision rationale: The Official Disability Guidelines comment on the use of shockwave therapy, also known as extracorporeal shockwave therapy, as a treatment modality. For the back and neck: The Official Disability Guideline comment on the use of shockwave therapy for low back and neck complaints. Shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating back or neck pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. For the knees: Shockwave therapy is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. (Wang, 2007) New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic non-unions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. For the shoulders: Recommended for calcifying tendinitis but not for other shoulder disorders. In this case, the records indicate that shockwave therapy is intended as a treatment modality to multiple areas of this patient's musculoskeletal system to include the neck, back, shoulders and knees. Per the above cited guidelines, for the neck and back shockwave therapy is not recommended. For the knees there is insufficient evidence that shockwave therapy is effective. Further, it is unclear whether the patient has the condition for which shockwave therapy has been studied. Finally, there is no evidence in the medical records that the patient has calcifying tendonitis of the shoulders; the only condition of the shoulder for which shockwave therapy is recommended. For these reasons, shockwave therapy is not recommended as a medically necessary treatment.