

Case Number:	CM15-0091342		
Date Assigned:	05/15/2015	Date of Injury:	08/01/2012
Decision Date:	07/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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

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 44 year old female who sustained an industrial injury on August 1, 2012. She has reported neck pain, bilateral shoulder pain, left elbow pain, wrist pain, mid back pain, and low back pain and has been diagnosed with cervical spine sprain/strain, rule out cervical spine radiculopathy, bilateral shoulder sprain/strain, right shoulder AC joint osteoarthritis, bilateral shoulder supraspinatus tendinitis, left elbow sprain/strain, bilateral wrists sprain/strain rule out derangement, rule out bilateral carpal tunnel syndrome, thoracic spine sprain/strain rule out disc displacement, thoracic spine pain, lumbar spine disc displacement, lumbago, and lumbar radiculopathy. Treatment has included medications, acupuncture, and physical therapy. There was plus 2 tenderness to palpation at the suboccipital muscles, at the scalenes, and over the sternocleidomastoid muscles. There was decreased range of motion. There was tenderness to bilateral shoulders with decreased range of motion. There was tenderness to the left elbow with decreased range of motion. There was tenderness to bilateral wrist with decreased range of motion. There was tenderness to palpation of the thoracic and lumbar spine with decreased range of motion. The treatment request included shockwave therapy to the thoracic, lumbar spine, and bilateral wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy up to 6 treatments, thoracic, lumbar, spine: 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), low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: Report from the provider does not specify shockwave frequency, duration of the ESWT or specific indication to warrant this procedure. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amendable to ECSW treatment for the listed diagnoses involving the spine. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Shockwave therapy up to 6 treatments, thoracic, lumbar, spine is not medically necessary and appropriate.

Shockwave therapy 3 treatments for bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22433113>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: Report from the provider does not specify shockwave frequency, duration of the ESWT or specific indication to warrant this procedure. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amendable to ECSW treatment for the listed diagnoses for wrist pain. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Shockwave therapy 3 treatments for bilateral wrist is not medically necessary and appropriate.