

Case Number:	CM14-0140694		
Date Assigned:	09/10/2014	Date of Injury:	11/27/2013
Decision Date:	10/06/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 75 year-old male who slipped and fell while walking with a tray on 11/27/13. He complained of pain in the left knee, C-spine, T-spine, L-spine, left shoulder, left elbow, and left hip. On initial exam as per the doctor's first report (DFR), there was tenderness to palpitation (TTP) over the flexor and extensor musculature, medial and lateral epicondyle; spasm noted over the flexor and extensor musculature and range of motion (ROM) was full with pain. On 12/18/13, on cervical spine exam there was tenderness to palpation over the cervical paraspinals, suboccipital, upper trapezius and sternocleidomastoid (SCM) musculature, bilaterally. There was spasm noted over the cervical paraspinals, suboccipital and upper trapezius musculature, bilaterally. Range of motion (ROM) of cervical spine was with pain; physical therapy (PT) was recommended for four weeks. He had been prescribed extracorporeal shock wave therapy (ESWT); however, the number of sessions and the body site were not specified. Diagnoses include C-spine, T-spine, and L-spine diffuse idiopathic skeletal hyperostosis (DISH) rule out herniated nucleus pulposus (HNP), left shoulder adhesive capsulitis rule out adhesive capsulitis, left elbow sprain/strain rule out epicondylitis, left hip sprain/strain rule out labral tear, and left knee degenerative joint disease (DJD) rule out meniscal tear. The following medications were prescribed FlurLido A, UltraFlex G, tramadol, cyclobenzaprine, naproxen sodium, and omeprazole. Additionally there was left elbow brace, lumbar spine support and left knee brace were also recommended. The request for extracorporeal shock wave therapy to non-specified body parts was denied on 07/28/14 based on the clinical information provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy to non specified body parts: 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) Shoulder, Extracorporeal shock wave therapy (ESWT)

Decision rationale: The treatment of the shoulder and hip with extracorporeal shock wave therapy (ESWT) is not recommended by the California Medical Treatment Utilization Schedule (CA MTUS), the American College of Occupational and Environmental Medicine (ACOEM) Guidelines or the Official Disability Guidelines unless certain criteria are met with specific diagnoses. The Official Disability Guidelines only recommend the use of extracorporeal shock wave therapy to the shoulder and knee under certain clinical situations directed to the treatment of a calcific tendonitis or a prepatellar bursitis, after trial and failure of at least six months of standard treatment and at least three conservative treatments. In this case, the above criteria are not met. Furthermore, the body part has not been specified. Thus the request is considered not medically necessary.