

Case Number:	CM14-0143592		
Date Assigned:	09/12/2014	Date of Injury:	06/19/2014
Decision Date:	10/07/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine, has a subspecialty in Geriatric Medicine and is licensed to practice in New York. 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 44 year old man with a date of injury of 6/19/14. He was seen by his secondary treating physician on 8-21-14 with complaints of stiffness, stinging, numbness and weakness in his low back. His exam showed decrease in range of motion by 20% in his cervical spine and he was unable to do range of motion in his lumbar spine due to pain. His diagnoses included lumbosacral disc herniation, left shoulder impingement, anxiety, insomnia, cervical and right ankle sprain/strain. He was to continue medications and physical therapy. At issue in this review is the request for shock wave therapy to his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy once every 2 weeks for 6 weeks per body part: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: There is medium quality evidence to support extracorporeal shockwave therapy for calcifying tendonitis of the shoulder. This injured worker has chronic left shoulder

pain but the request is for shockwave therapy to the lumbar spine. This worker is already being treated with medications and physical therapy and there is no medical indication of the benefit of his spine. The medical records do not substantiate medical necessity for shockwave therapy treatments.