

<b>Case Number:</b>	CM14-0150415		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/30/2005
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Emergency Medicine 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 42 year-old female, who sustained an injury on December 30, 2005. The mechanism of injury occurred from a motor vehicle accident. Diagnostics have included: May 7, 2014 lumbar MRI reported as showing orthopedic hardware, facet arthropathy and diffuse disc herniation; May 7, 2014 bilateral shoulders MRI reported as showing downsloping acromion and supraspinatus tendinosis; May 7, 2014 cervical spine MRI reported as showing multi-level disc protrusions. Treatments have included: medications, TENS, home exercise. The current diagnoses are: lumbar radiculopathy, cervical radiculopathy chronic pain, headaches, status post dental trauma and teeth extraction, bilateral shoulder tenosynovitis. The stated purpose of the request for RETRO: Extracorporeal Shockwave Therapy (ESWT) for DOS 7/22/2014, was to increase functional capacity, increase range of motion, increase activities of daily living, and decrease pain. The request for RETRO: Extracorporeal Shockwave Therapy (ESWT) for DOS 7/22/2014, was denied on August 25, 2014, citing a lack of documentation of guideline-based criteria of medical necessity. Per the report dated August 18, 2014, the treating physician noted complaints of pain to the neck, both upper extremities, low back with radiation to both lower extremities, and headaches. Exam findings included cervical tenderness and restricted range of motion, lumbar tenderness with spasm and moderately limited range of motion, tenderness to both anterior shoulders.

### 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) for DOS 7/22/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** The requested Retrospective: Extracorporeal Shockwave Therapy (ESWT) for DOS 7/22/2014, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Initial Care, Page 203, note "Some medium quality evidence supports manual physical therapy, ultrasound and high-energy extracorporeal shock wave therapy for calcifying tendonitis of the shoulder. At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone), maximum of 3 therapy sessions over 3 weeks." The injured worker has pain to the neck, both upper extremities, low back with radiation to both lower extremities, and headaches. The treating physician has documented cervical tenderness and restricted range of motion, lumbar tenderness with spasm and moderately limited range of motion, tenderness to both anterior shoulders. May 7, 2014 bilateral shoulders MRI reported as showing downsloping acromion and supraspinatus tendinosis. The treating physician has not documented diagnostic or exam evidence of calcific tendonitis nor noted this as a diagnostic impression, nor results of cortisone injections. The criteria noted above not having been met, Retrospective: Extracorporeal Shockwave Therapy (ESWT) for DOS 7/22/2014, is not medically necessary.