

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	2/24/2009
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004989

- 1) MAXIMUS Federal Services, Inc. has determined the request for **shockwave treatment (ESWT) to right shoulder is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **shockwave treatment (ESWT) to right shoulder is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The applicant, Ms. [REDACTED], is a represented 53-year-old [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 24, 2009.

The most recent note on file is a July 25, 2013, Utilization Review Report in which non certification for extracorporeal shockwave therapy is noted. It is suggested that there is no evidence of classifying tendonitis.

Thus far, the claimant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; work restrictions; and apparent return to parttime work at a rate of six hours per day.

An April 19, 2013 progress note is handwritten, not entirely legible, and is notable for comments that the claimant is essentially unchanged. Tenderness and crepitation are appreciated about the bilateral shoulders. The claimant has returned to work with a 5 pound lifting limitation at a rate of six hours per day. She is on Fexmid, it is stated.

In a qualified medical evaluation report of September 7, 2012, detailed log of the claimant's diagnostic test is noted. It is stated that the claimant has had shoulder ultrasounds of June 23 and June 25, 2009, demonstrating rotator cuff tendonitis and degenerative joint disease bilaterally. There is no specific mention of calcifying tendonitis of the shoulder appreciated. The remainder of the file is scant. There is no evidence of x-rays, MRI imaging, ultrasound imaging establishing a diagnosis of calcifying tendonitis of the shoulder.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for shockwave treatment (ESWT) to right shoulder:**Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2<sup>nd</sup> Edition, Shoulder Complaints Chapter, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 9 - Shoulder Complaints, Initial Care, which is part of the MTUS and ACOEM, 3<sup>rd</sup> Edition, Shoulder Chapter, Specific Disorders, Extracorporeal Shockwave Therapy, which is not part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 9, there is some medium quality evidence which supports extracorporeal shockwave therapy in the treatment of calcifying tendonitis of the shoulder. A review of the medical records this case, however, do not provide clear radiographic evidence of calcifying tendonitis of the shoulder for which extracorporeal shockwave therapy (ESWT) would be indicated. The third edition ACOEM Guidelines state that extracorporeal shockwave therapy is strongly recommended in the treatment of calcifying tendonitis of the shoulder, but states that extracorporeal shockwave therapy is not recommended for chronic non-calcific rotator cuff tendonitis, as is present here. In this case, the claimant does not have radiographically confirmed calcifying tendonitis. **The request for shockwave treatment (ESWT) to right shoulder is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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