

Case Number:	CM13-0003055		
Date Assigned:	12/11/2013	Date of Injury:	08/08/2006
Decision Date:	01/17/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in anesthesiology, has a subspecialty in pain 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 physician 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.

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 patient is a 54-year-old female who reported an injury on 08/08/2006 with a slip and fall being the mechanism of injury. The patient was noted to have pain in the left shoulder and arm. The diagnoses were noted to include a left shoulder strain. The request was made for shockwave therapy to the left shoulder for 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock-wave therapy of the left shoulder, 3 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal Shockwave therapy, Online Version

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines recommend it for calcifying tendonitis, but not for other shoulder disorders. The clinical documentation submitted for review failed to provide that the patient had documented calcifying tendonitis. Additionally, it failed to provide exceptional factors to warrant non-

adherence to guideline recommendations. The request for shockwave therapy of the left shoulder, 3 sessions, is not medically necessary.