

Case Number:	CM13-0003083		
Date Assigned:	12/18/2013	Date of Injury:	11/04/2011
Decision Date:	03/31/2014	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 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 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. 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 patient is a 57-year-old male with a 11/4/11 date of injury. The request is for authorization for extracorporeal shockwave treatment 1 x week for 3 weeks, bilateral shoulder/elbow. There is documentation of subjective findings of pain in the bilateral elbow and bilateral shoulder. The objective finding include tenderness in the acromioclavicular joint, supraspinatus tendon, subacromial area, and trapezius and periscapular region, positive impingement test and positive cross arm test, tenderness in the medial and lateral epicondyle, and positive Cozen's test. The current diagnoses are bilateral elbow medial and lateral epicondylitis and bilateral shoulder calcific tendinitis. The treatment to date includes medications, physical therapy, and injections. Specifically regarding the request for extracorporeal shockwave treatment 1 x week for 3 weeks, bilateral shoulder, there is no documentation of absence of contraindications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave treatment once a week for 3 weeks for the bilateral shoulder/elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: The California MTUS reference to ACOEM guidelines identify some medium quality evidence supporting manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In addition, California MTUS reference to ACOEM guidelines state there is a recommendation against using extracorporeal shockwave therapy for evaluating and managing elbow complaints. ODG identifies documentation of pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. Within the medical information available for review, there is documentation of a diagnosis of bilateral shoulder calcific tendinitis. In addition there is documentation of at least three conservative treatments have been performed prior to use of ESWT (medications, physical therapy, and cortisone injections). However, given documentation of physical therapy, cortisone injections, and a request for bilateral shoulder shockwave treatment, there is no clear documentation of absence of contraindications such as; patients who had physical or occupational therapy within the past 4 weeks, patients who received a local steroid injection within the past 6 weeks and patients with bilateral pain. Therefore, based on guidelines and a review of the evidence, the request for extracorporeal shockwave treatment 1 x week for 3 weeks, bilateral shoulder/elbow is not medically necessary.