

Case Number:	CM13-0003662		
Date Assigned:	12/27/2013	Date of Injury:	11/08/2004
Decision Date:	03/10/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/26/2013

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, has a subspecialty in Interventional Spine 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 43 year old injured worker with date of injury 11/08/04. The listed diagnoses per [REDACTED] dated 06/20/13 are: headache, right shoulder impingement syndrome, and anxiety and depression. According to the progress report dated 06/20/13 by [REDACTED], the patient complains of headaches, right shoulder pain and stiffness. The patient rates their pain a 5/10. She has difficulty sleeping due to pain. Objective findings show tenderness upon palpation of the acromioclavicular joint and anterior right shoulder. The patient is positive for Neer's on the right. The treating provider is requesting 3 shockwave therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Shockwave therapies for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Official Disability Guidelines (ODG) for Extracorporeal shock wave therapy (ESWT) states, that this treatment is indicated for calcific tendinitis that have failed with

conservative care including physical therapy, iontophoresis, deep friction, local or systemic application of non-inflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection. The medical records provided for review includes an MRI dated December 17, 2012, notable for findings that show supraspinatus tendinitis, infraspinatus tendinitis and acromioclavicular osteoarthritis. The treating provider lists of diagnoses do not include Calcific Tendinitis. The request for three shockwave therapies for the right shoulder is not medically necessary and appropriate.