

Case Number:	CM13-0007043		
Date Assigned:	12/27/2013	Date of Injury:	02/07/2004
Decision Date:	08/13/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/05/2013

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 Internal Medicine and Pulmonary Disease 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 52-year-old female who reported an injury on 02/07/2003, ending on 02/07/2004 from continuous trauma. Upon examination on 06/06/2013, the injured worker complained of cervical spine pain with stiffness and spasms that migrated into her shoulders with numbness in the hands, right shoulder pain that was dull, aching and becoming sharp, right elbow and right wrist pain, sleep deprivation, stress, anxiety, depression, and sexual dysfunction related to her pain. The examination of the cervical spine range of motion revealed flexion at 20 degrees, extension at 20 degrees, left lateral flexion at 20 degrees, right lateral flexion at 20 degrees, left rotation at 20 degrees, and right rotation at 20 degrees, all with moderate to severe pain in all ranges. There was tenderness to the paravertebral muscles with spasm, upper trapezial muscle spasm, and spinous process tenderness bilaterally. The cervical spine tests were deferred, due to the injured worker's recent surgery. Motor strength of the shoulders revealed right shoulder was within normal limits. The left shoulder was 4/5 for abduction, adduction, flexion, extension, internal rotation, and external rotation. Shoulder active range of motion revealed abduction on the right at 160, adduction at 10 degrees, and forward flexion at 170 degrees and on the left abduction at 180 degrees, adduction at 30 degrees, and forward flexion at 180 degrees. The injured worker had diagnoses of postoperative cervical spine one level fusion, right shoulder internal derangement, right lateral epicondylitis, right ganglion cyst, secondary sleep deprivation, secondary stress, anxiety, depression, and secondary sexual dysfunction. The clinical note dated 09/26/2013 revealed that the injured worker underwent carpal tunnel release on 06/19/2013. It was the provider's opinion that she had developed some tendinitis in the left shoulder region. The provider believed it would benefit the injured worker to undergo extracorporeal shockwave therapy for the shoulders to reduce the tendinitis and possibly some therapy. Prior treatments included physical therapy for the right hand, acupuncture two (2) times a week for three (3)

weeks for the shoulders, neck, and wrist, and extracorporeal shockwave therapy for the shoulders and neck. The diagnostic record review showed, on 06/12/2013, an MRI of the right shoulder indicated acromioclavicular (AC) joint arthropathy, subacromial cyst erosion posterior aspect of head and humerus, small subacromial and subdeltoid bursa effusion, and mild glenohumeral joint effusion noted. On 06/16/2012, an MRI of the left shoulder indicated marked glenohumeral joint effusion. On 04/16/2013, an orthopedic consultant indicated the injured worker had a positive electromyography (EMG) and positive findings and recommended right wrist carpal tunnel release. A medication list was not provided. The Request for Authorization was not submitted within the documentation for review. The rationale for the extracorporeal shockwave therapy for the shoulders is to reduce the tendinitis and possibly some therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision), page 555-556; and Official Disability Guidelines (ODG) Shoulder (updated 06/12/2013), Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The injured worker has a history of bilateral shoulder pain. The MTUS/ACOEM Guidelines indicate that some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The Official Disability Guidelines (ODG) state that the criteria for the use of Extracorporeal Shock Wave Therapy (ESWT) is for patients whose pain from calcifying tendinitis of the shoulder has remained despite six (6) months of standard treatment. At least three (3) conservative treatments have been performed prior to use of ESWT. These would include rest, ice, non-steroidal anti-inflammatory drugs (NSAIDs), orthotics, physical therapy and injections (Cortisone). ESWT is contraindicated in patients who had physical or occupational therapy within the past four (4) weeks, patients who received a local steroid injection within the past six (6) weeks, patients with bilateral pain and patients who had previous surgery for the condition. There is a maximum of three (3) therapy sessions over three (3) weeks. There is documentation that the patient has undergone physical therapy, but there is no indication of the effectiveness of the therapy. There is no indication if any medications had relieved the pain for the injured worker. The guidelines also state ESTWT is not recommended for patients with bilateral pain. As such, the request for extracorporeal shockwave therapy for bilateral shoulders is not medically necessary.