

Case Number:	CM13-0008768		
Date Assigned:	09/16/2013	Date of Injury:	09/16/2012
Decision Date:	01/24/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/08/2013

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 licensed in Chiropractic, has a subspecialty in Acupuncture, 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 patient is a 47 year old female with a date of injury of 9/6/12. According to the progress report dated 7/9/13, the patient complained of constant right shoulder, neck, upper and lower back, and hip pain. The patient also complained of difficulty falling asleep due to pain, waking during the night due to pain, and symptoms of anxiety due to pain. Physical exam for the shoulder revealed decrease range of motion, non-specific tenderness in the right shoulder, and positive empty can test. Speed's, impingement maneuver, and Apprehension test were positive on the right shoulder. Cervical spine exam revealed moderate paraspinal tenderness, muscle guarding, and spasms bilaterally. Distraction, foramina compression, and shoulder depression test were positive bilaterally. A lumbar spine exam revealed positive Kemps, Yeoman's, and Milgram's test bilaterally. There was no loss of sensation, abnormal sensation, or pain in the hip and groin on the right corresponding to the L1 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

right shoulder shock wave therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for the Shoulder (Acute & Chronic): Extracorporeal shock wave therapy (ESWT).

Decision rationale: The MTUS guidelines do not address shockwave therapy for the shoulder; therefore, an alternative guideline was consulted. The Official Disability Guidelines (ODG) recommend shockwave therapy for patients with calcifying tendinitis of the shoulder. The ODG states that for nonspecific shoulder pain, supervised exercises are more effective than shockwave treatment. According to the submitted documents, the patient experienced shoulder pain and has tried at least three conservative treatments; however, there was no evidence that the patient's shoulder pain is due to calcifying tendinitis. The patient did not meet the criteria for extracorporeal shock wave therapy. Therefore, the request is not medically necessary at this time.