

Case Number:	CM13-0014508		
Date Assigned:	10/03/2013	Date of Injury:	11/30/2005
Decision Date:	02/11/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/21/2013

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 Occupational 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. 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:

Patient has a DOI of 11/30/2005. The patient has right shoulder s/s, rotator cuff tear exacerbation and tendonitis. The patient is being treated with Fluriflex, medox patch and tramadol. MRI of the shoulder on 4/18/2013 shows full thickness tear of the supraspinatus and infraspinatus tendons, AC DJD, and atrophy of the rotator cuff muscles. There are physical therapy reports showing some improvement. ECSW report from 6/25/13 states it was the 2nd procedure for the patient. Report dated 7/17/13 states the ECSW treatment "helped well to his right shoulder" but does not explain further. The patient reported s 20% improvement with his ADL from all treatment including PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder

Decision rationale: ACOEM page 203 states" Some medium quality evidence supports manual physical therapy, ultrasound, and high- energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. This patient does not have this diagnosis as per reports and MRI findings. Additional guides such as ODG also do not recommend this procedure for other shoulder indications. As this patient does not have this illness and there is no clear documentation of the ECSW that the patient has received has particularly benefited this patient, it is not necessary.