

Case Number:	CM13-0018726		
Date Assigned:	10/11/2013	Date of Injury:	10/12/2012
Decision Date:	01/02/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Licensed in Chiropractic, 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 46 year old male patient with neck pain, low back pain and bilateral shoulders pain, date of injury 10/12/2012. Previous treatments include physical therapy, chiropractic and injection. Magnetic resonance imaging (MRI) of the left shoulder dated 02/28/2013 revealed acromion Type II with moderate proliferative changes seen in acromionclavicular joint with impingement of the supraspinatus muscle/tendon junction with tendinosis changes; there was partial intrasubstance tear seen at the supraspinatus tendon insertional the humeral head that measured 0.7 cm, but to tear, medial retraction or atrophy present. PR-2 report on 08/06/2013 by Dr. [REDACTED] revealed neck pain 6-7/10 radiating to bilateral upper extremities and low back pain 6/10 radiating to bilateral legs to toes with tingling; exam revealed positive cercail compression left, positive Jackson's left, positive Hoffman's left, positive Romberg's, restricted range of motion; shoulders revealed positive Apprehension left>right, positive Neer's sign, positive Yergason's right, positive Hawkin's sign right, restricted range of motion right>left, decreased sensation on C5-6 dermatome left. Diagnoses include cervical intervertebral disc (IVD) displacement without myelopathy, C6 radiculopathy left, impingement of bilateral shoulders, lumbar IVD displacement without myelopathy, and bilateral lower extremities radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave treatment four visits left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines ACOEM Chapter 9 Shoulder Complaints Page(s): s555-556. Decision based on Non-MTUS

Citation Official Disability Guidelines, Section Shoulder, Extracorporeal Shock Wave Therapy (ESWT), which is not part of MTUS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The employee's available medical records revealed no evidence of calcifying tendinitis of the left shoulder. According to the MTUS/ACEOM guidelines cited above, extracorporeal shockwave treatment is recommended for calcifying tendinitis of the shoulder. Without clinical evidence to support the need for the requested procedure, the request is not certified. The request for extracorporeal shockwave treatment four visits left shoulder is not medically necessary and appropriate.