

Case Number:	CM13-0020077		
Date Assigned:	01/03/2014	Date of Injury:	07/14/2011
Decision Date:	01/27/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/04/2013

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 Preventative Medicine and 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:

The applicant is a represented [REDACTED], employee who has filed a claim for chronic shoulder pain, reportedly associated with an industrial injury on July 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; extensive periods of time off of work; and prior shoulder surgery and manipulation under anesthesia for adhesive capsulitis. Per an applicant survey of September 16, 2013, she last worked in July 2011. In a utilization review report of August 9, 2013, the claims administrator denied a request for extracorporeal shockwave therapy. The applicant's attorney later appealed. The claims administrator incorrectly stated that the MTUS did not address the topic, it is incidentally noted. In an April 22, 2013, note, it is stated that the applicant is 7-1/2 weeks removed from left shoulder surgery and manipulation under anesthesia. An MR arthrogram of September 4, 2013, is interpreted by an agreed medical evaluator as showing moderate tendinosis, bursitis, fraying and loss of articular cartilage status post prior acromioplasty and Mumford procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy treatments x 3 (1 every 2 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, Extracorporeal shock wave therapy (ESWT)

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

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines, chapter 9, extracorporeal shockwave therapy is supported by medium quality evidence in the treatment of calcifying tendinitis of the shoulder. In this case, however, there is no clear radiographic evidence of calcifying tendinitis of the shoulder for which extracorporeal shockwave therapy would be indicated. An MR arthrogram of September 4, 2013, did not reveal any evidence of calcific depositions about the shoulder. None of the progress notes on file establish a diagnosis of calcified tendinitis of the shoulder. Rather, most of the information on file points to other diagnoses, including adhesive capsulitis, partial-thickness rotator cuff tear, rotator cuff bursitis/tendinosis, etc. Extracorporeal shockwave therapy is not indicated in the treatment of the same, per ACOEM. Therefore, the request is not certified.