

Case Number:	CM13-0020941		
Date Assigned:	10/11/2013	Date of Injury:	07/28/2012
Decision Date:	01/23/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

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 Internal Medicine and is licensed to practice in Washington DC. 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 claimant was a 33 year old male who injured his right upper extremity around 07/28/12 due to repetitive work related injury while performing his usual job duties. He had pain in his right arm, wrist, shoulder and left shoulder. He had no significant past medical history. His initial examination showed tenderness in paraspinal muscles, decreased range of motion in spine, shoulders and right upper extremity. His diagnostic evaluation included MRI of bilateral shoulders on Jan 10, 2013 that showed supraspinatus and infraspinatus tendinosis. He also had an EMG/NCV on 06/13/13 that showed ulnar entrapment at the elbow on the right side. His diagnoses included ulnar neuropathy, bilateral shoulder tendonitis, right forearm tendonitis. He was seen by the treating provider on 08/02/13. His subjective complaints included bilateral shoulder pain, left more than right which was dull in nature, worse with overhead reaching. He also had complained of right wrist 3/10 pain, worse with typing, right elbow 4/10 pain, dull with radiation to 5th digit. Examination findings included no tenderness over bilateral shoulders, positive Tinel's sign over the right elbow, tenderness over the medial epicondyle, full ROM, swelling and tenderness over the dorsal aspect of the right wrist and positive Tinel's sign and compression tests over right wrist. He had a diagnoses of right wrist and forearm tendonitis, right elbow ulnar entrapment, right and left shoulder tendonitis and treatment plan included EMG/NCV of upper extremities, ESWT for bilateral shoulders, Capsaicin-Flurbiprofen-Methyl Salicylate 0.025-30-4, Flurbiprofen-Tramadol 20-20, PT, acupuncture therapy, urine drug screen and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave treatment (ESWT) 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 Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, ESWT.

Decision rationale: According to the ODG, ESWT is recommended for calcifying tendinitis but not for other shoulder disorders. For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. According to the evidence cited above, ESWT is recommended for shoulder in cases of calcifying tendinitis. There is no documentation of calcifying tendonitis despite having bilateral shoulder MRIs. The request is, therefore, not medically necessary and appropriate.