

<b>Case Number:</b>	CM13-0023946		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Physical Medicine & Rehabilitation 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 patient is a 40-year-old male who reported an injury on 10/16/2012. The mechanism of injury was noted to be a fall. His symptoms are noted as cervical spine pain, lumbar spine pain, and bilateral foot spurs. The patient's diagnoses were listed to include bilateral heel spurs, bilateral shoulder subjective complaints, and bilateral foot pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Extracorporeal Shockwave Therapy Bilateral Shoulder/Feet/Ankle, #3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 9792.23.2 Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, pgs. 555-556; pgs. 1044-1046 and Official Disability Guidelines (ODG), Shoulder, Ankle, and Foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The Physician Reviewer's decision rationale: According to CA MTUS/ACOEM Guidelines, some medium quality evidence supports manual physical therapy, ultrasound, and high energy extra corporeal shockwave treatment for calcifying tendonitis of the shoulder. As the patient has been shown to have bilateral pain, as well as disorders related to his

spine, and he does not have a diagnosis of calcifying tendonitis of the shoulder, this treatment is not supported by guidelines. Therefore, the requested service is non-certified.