

Case Number:	CM13-0024243		
Date Assigned:	11/20/2013	Date of Injury:	09/27/2012
Decision Date:	02/05/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 50 year-old female with a 9/27/12 industrial injury claim. According to the 8/9/13 report from [REDACTED], her diagnoses include: MRI of cervical spine, 7/9/13 reveals mild disc bulges C5 to T1, cervical strain/sprain with bilateral upper extremity radiculitis. The IMR application shows a dispute with the 9/3/13 UR decision. The 9/3/13 UR decision is from [REDACTED], and is based on the 8/9/13 medical report, and recommends non-certification of ESWT for the left shoulder. The letter states guidelines require trial of 3 conservative treatments prior to ESWT for at least 6 months, and states there is no documentation of prior conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave (ESWT) to the left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Limited records are available for this IMR. The UR decision was based on the 8/9/13 report from [REDACTED]. There was mention of a 6/9/13 left shoulder MRI report, that was not provided for this review. According to UR and [REDACTED], the left shoulder MRI showed infraspinatus tendon calcification. According to the MTUS/ACOEM chapter guidelines, this is the indication for shockwave treatment. UR chose to use ODG guidelines over MTUS/ACOEM chapter guidelines and denied the treatment because there needs to be three conservative treatments performed over 6-months. But UR did not review back 6-months of records, and 6-months of records were not provided for this IMR. The Administrative Director has adopted ACOEM chapter 9 into the MTUS. According to LC4610.5(2) the MTUS guidelines trump ODG guidelines. MTUS/ACOEM states: "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder" The request for ESWT for the calcifying infraspinatus tendon appears to be in accordance with MTUS/ACOEM guidelines.