

Case Number:	CM13-0025181		
Date Assigned:	11/20/2013	Date of Injury:	11/30/2005
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 68-year-old male who sustained an occupational injury on 12/30/2003. The patient's mechanism of injury was a slip and fall on a wet floor, landing on his right side and hitting his head on the ground. The patient's diagnoses include status post blunt head injury, history of temporomandibular joint exacerbation, history of hearing loss exacerbation, and right shoulder sprain/strain with rotator cuff tear/tendinosis. The patient's treatment history includes oral medications, physical therapy, and activity modifications. On 05/29/2013, the patient was seen for follow-up with continued complaints of right shoulder pain that the patient rated a 4/10 in severity. The only objective findings on that day documented were a positive impingement and supraspinatus test. Treatment plan on that day included continued physical therapy for the right shoulder 2 times a week for 4 weeks and a referral for extracorporeal shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Retro Extracorporeal Shockwave Treatment for Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal Shockwave Treatment.

Decision rationale: Extracorporeal Shockwave Therapy (ESWT) is a method of treatment for multiple tendinopathies, derived from lithotripsy. The CA MTUS/ACOEM is silent on the issue of extracorporeal shockwave therapy. Therefore, the ODG were referenced and indicate that 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 documentation submitted for review, the patient does have ongoing history of complaints of pain to the right shoulder secondary to his compensable injury. However, the patient's diagnoses are that of right shoulder sprain/strain with rotator cuff tear/exacerbation tendinosis. Given that there is a lack of documentation to indicate the patient has a diagnosis of calcified tendinitis, the use of extracorporeal shockwave therapy cannot be supported and is, therefore, non-certified.