

Case Number:	CM13-0025727		
Date Assigned:	10/11/2013	Date of Injury:	11/15/2012
Decision Date:	01/15/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 of November 15, 2012. The sole note on file is an August 20, 2013, utilization review report, in which the claims administrator denies a request for extracorporeal shockwave therapy, citing the lack of radiographic corroboration of calcifying tendinitis of the shoulder for which Extracorporeal Shock Wave Therapy (ESWT) would be indicated. The applicant's attorney later appealed, on September 15, 2013. No clinical progress notes were attached to the application for IMR, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy of the right shoulder every two weeks for 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal Shock Wave Therapy (ESWT).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, some medium quality evidence supports extracorporeal shockwave therapy for the specific diagnosis

of calcifying tendinitis of the shoulder. In this case, however, there is no clinical or radiographic evidence of calcifying tendinitis of the shoulder for which extracorporeal shockwave therapy would be indicated. As noted previously, no clinical progress notes were attached to the application for IMR. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.