

Case Number:	CM13-0026044		
Date Assigned:	11/22/2013	Date of Injury:	07/13/2009
Decision Date:	01/29/2014	UR Denial Date:	08/23/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana, Texas. 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 32-year-old male who reported injury on 07/13/2009, where the mechanism of injury was a lifting injury to the right shoulder on 07/13/2009. The patient's diagnoses were noted to include right shoulder tendinitis, right shoulder osteoarthritis, and herniated nucleus pulposus. The patient was noted to have previous extracorporeal shockwave therapy. The request was made for 3 sessions of shockwave therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the right shoulder (3 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Therapy.

Decision rationale: The California MTUS and ACOEM Guidelines do not address ESWT for the shoulder. Per Official Disability Guidelines, the criteria for the use of extracorporeal shockwave therapy (ESWT) indicate it is for patients with calcifying tendinitis of the shoulder

that the patient has remained having pain despite 6 months of standard treatment, at least 3 conservative treatments have been performed prior to the use of ESWT, including rest, ice, NSAIDs, orthotics, and physical therapy, as well as injections, and it indicates there is a maximum of 3 therapy sessions over 3 weeks. The clinical documentation submitted for review failed to provide the number of sessions of ESWT the patient has participated in. Additionally, it failed to provide the objective functional improvement for the requested treatment and the requested treatment would exceed guideline recommendations. Given the above and the lack of documentation, the request for 3 sessions of shockwave therapy for the right shoulder is not medically necessary.