

Case Number:	CM13-0026774		
Date Assigned:	03/19/2014	Date of Injury:	01/14/2013
Decision Date:	05/28/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 an employee of [REDACTED] and has submitted a claim for lumbosacral neuritis associated with an industrial injury sustained on January 14, 2013. Treatment to date has included physical therapy shoulder injection, opioid and non-opioid pain medications, acupuncture, TENS unit, and heating pads. Medical records from 2013 were reviewed, showing that the patient complained of constant right shoulder pain, which wakes the patient up every night. Physical exam demonstrated decreased range of motion for the right shoulder. The right shoulder had a positive impingement sign as well as pain and weakness on resisted external rotation with arm at the side. Sensory motor exam was intact for the right shoulder. An MRI from February 2013 demonstrated a.c. osteoarthritis, supraspinatus tendinitis, infraspinatus tendinitis, and status post glenoid labrum pinning. Electrodiagnostics from August 2013 demonstrated a normal study for both the EMG and NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 SESSIONS OF SHOCKWAVE THERAPY FOR THE RIGHT SHOULDER: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004),
SHOULDER COMPLAINTS, PAGE 203.

Decision rationale: As stated in the California MTUS/ACOEM high energy extracorporeal shockwave therapy has some medium quality evidence for calcifying tendinitis of the shoulder. In this case, the patient has symptomatic impingement syndrome for the right shoulder with imaging studies confirming tendinitis of the rotator cuff muscles. There is no evidence that the patient has calcifying tendinitis of the right shoulder. Therefore, the request for shockwave therapy for the right shoulder is not medically necessary.