

Case Number:	CM13-0028068		
Date Assigned:	11/22/2013	Date of Injury:	04/30/2001
Decision Date:	02/03/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 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 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 71 year old, female with date of injury 04/30/2001. The patient has a diagnosis of: lumbar spinal stenosis, lumbar radiculitis, lumbar spondylolisthesis, right shoulder partial rotator cuff tear, right elbow internal derangement and right carpal tunnel syndrome. Report dated 07/24/2013 by [REDACTED] shows patient complaining of low back pain, right shoulder, elbow and wrist pain. Physical examination shows tenderness on the lumbar spine. She had right shoulder repair on 08/10/2002; right shoulder arthroscopy and lateral epicondyle release on 06/23/2004; therapeutic medical branch blocks to the lumbar facets on 02/22/2013. Progress report dated 03/05/2013 notes an MRI by [REDACTED] on the right shoulder on 12/21/2001, showing AC joint arthrosis, with callus formation and narrowing of the supraspinatus outlet. Probable increased anatomical risk for shoulder impingement syndrome. Patient is currently taking Ibuprofen 800mg, Glucosamine sodium 500mg, and topicals : Terocin 240ml, Flurbu 180gms and Gabacyclotram 180gms. UR dated 08/22/2013 also references PT received by patient from 12/26/2012-01/09/2013, which were not made available for review. Request is for ESWT Lithotripsy for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Lithotripsy for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic right shoulder pain. The treater has asked for ESWT treatment of the shoulder. MTUS and ACOEM guidelines are silent regarding this request. The ODG guidelines for Extracorporeal shock wave therapy (ESWT) states, that this treatment is indicated for calcific tendinitis that have failed with conservative care including physical therapy, iontophoresis, deep friction, local or systemic application of noninflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection. Review of over 400 pages of reports show no documentation of X-ray finding of calcific tendinitis. The treater's note from 3/5/13 makes a reference to an MRI of right shoulder from 2001, but this summary does not mention calcific tendinitis. Among the list of diagnoses, the treater does not mention calcific tendinitis as one of them. Recommendation is for denial.