

Case Number:	CM13-0030212		
Date Assigned:	11/27/2013	Date of Injury:	08/23/2012
Decision Date:	08/13/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/26/2013

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 Orthopedic Surgeon 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 injured worker is a 53-year-old female who reported an injury on 08/23/2012. The only clinical note provided for review was dated 10/21/2013. It documented that the injured worker's treatment history included physical therapy and acupuncture. The physical findings were not provided as the chart note was incomplete. A request was made for orthoshock to the right shoulder for 3 sessions; however, no justification was provided for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSHOCK TO THE RIGHT SHOULDER (3 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

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 shock wave therapy (ESWT).

Decision rationale: The requested orthoshock to the right shoulder 3 sessions is not medically necessary or appropriate. The California MTUS does not address this request. The ODG recommends shockwave therapy for a diagnosis of calcifying tendonitis that has not responded to at least 6 months of conservative treatment. The clinical documentation submitted for review is

not complete or up to date. Therefore, there is no way to determine a current diagnosis or any conservative treatment that has recently been provided to the injured worker. Therefore, the need for shockwave therapy cannot be determined. As such, the requested orthoshock to the right shoulder 3 sessions is not medically necessary or appropriate.