

Case Number:	CM13-0033340		
Date Assigned:	12/06/2013	Date of Injury:	07/22/2010
Decision Date:	02/27/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/09/2013

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 a Chiropractor, has a subspecialty in Acupuncture and is licensed to practice in 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 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.

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 63 year male who reported an injury on 07/22/2010. The mechanism of injury was a fall. The patient complained of pain to the neck, back and right shoulder which travels to the neck. The patient has had three sessions of shockwave therapy to the right shoulder. The patient has been treated with physical therapy, medication, rotator cuff surgery, post-surgical physical therapy, and injections. The clinical documentation dated 10/12/2012 states the patient complains of right shoulder pain at 4-5/10 with radiating pain to the neck. Range of motion for the right shoulder was restricted to 165 degree in flexion, 165 degrees in abduction, 65 degrees in internal rotation, 70 degrees in external rotation, 25 degrees in extension, and 25 degrees in adduction. Neer's Impingement test was positive to the right. The patient was diagnosed with status post right shoulder surgery x 2, cervical sprain/strain with radicular complaints to the shoulder blade and right upper arm, and multiple metallic densities and proximal humerus. The clinical documentation submitted for review dated 07/09/2013 states that the patient continues to complain of shoulder pain. The patient stated that the injections that were received in March 2013 did alleviate some pain for approximately 10 days. The patient stated that pain persists with overhead reaching and there is difficulty with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy (ESWT) times 3 for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation ODG Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal shock wave therapy (ESWT)

Decision rationale: CA MTUS ACOEM does not address the request. ODG guidelines recommend shockwave treatments for calcifying tendinitis but not for other shoulder disorders. The clinical documentation submitted for review stated the patient is diagnosed is status post rotator cuff repair and decompression x 2. The guidelines state there is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. As such, the request is non-certified.