

Case Number:	CM13-0038475		
Date Assigned:	06/13/2014	Date of Injury:	04/20/2013
Decision Date:	08/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/25/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 52-year-old female with a reported date of injury on 04/20/2013. The injury reportedly occurred when the injured worker turned her head and heard a pop and had sudden neck pain. Her diagnoses were noted to include thoracic sprain and shoulder impingement with partial cuff tear. Her previous treatments were noted to include acupuncture, extracorporeal shockwave therapy, physical therapy, and medications. The progress note dated 09/20/2013 reported the injured worker complained of neck pain radiating to the right shoulder with numbness and tingling to the right hand. The physical examination revealed a full range of motion to the cervical spine. The provider reported the strength of the elbow and wrist flexors and extensors were bilaterally symmetric and within normal limits. The deep tendon reflexes of the biceps and triceps were bilaterally symmetrical and within normal limits. There were areas of decreased sensation noted to light touch in the left hand. A nerve conduction study revealed the upper extremities consisted of left carpal tunnel syndrome. The request for authorization form dated 09/20/2013 was for extracorporeal shockwave therapy 1 times a week for 6 weeks for shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) EXTRACORPOREAL SHOCKWAVE THERAPY 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 ODG.

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.

Decision rationale: The request for an extracorporeal shockwave therapy for the right shoulder is not medically necessary. The injured worker has received at least 2 previous shockwave therapy sessions. The ODG recommends shockwave therapy for classifying tendonitis but not for other shoulder disorders. The guidelines criteria for the use of extracorporeal shockwave therapy is for patients whose pain from calcifying tendonitis of the shoulder has remained despite 6 months of standard treatment. At least 3 conservative treatments have been performed prior to the use of extracorporeal shock wave therapy (ESWT). These would include rest, NSAIDs, orthotics, physical therapy, and injections. There was a lack of documentation regarding previous pain relief from previous ESWTs. Additionally, the injured worker does not have a diagnosis of calcifying tendonitis. Therefore, the request is not medically necessary.