

Case Number:	CM13-0041677		
Date Assigned:	12/20/2013	Date of Injury:	03/29/2009
Decision Date:	04/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old female with a 3/29/08 date of injury. At the time (9/16/13) of the Decision for extracorporeal shockwave therapy (ESWT) (unknown sessions), there is documentation of subjective (right shoulder, neck, and bilateral wrist pain) and objective (tenderness over the right AC joint; and positive Neer's, Hwakin's, and Obrien's tests) findings, current diagnosis (status post diagnostic and arthroscopy, right glenohumeral joint and subacromial space, subacromial decompression, and arthroscopic calcific tendonitis removal), and treatment to date (right subacromial decompression, physical therapy, shoulder injections, acupuncture treatments, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) (UNKNOWN SESSIONS):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: MTUS reference to ACOEM Guidelines identifies some medium quality evidence supporting manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. ODG identifies documentation of pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment; at least three conservative treatments have been performed prior to use of ESWT (a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone)); and absence of contraindications (Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition), as criteria necessary to support the medical necessity of extracorporeal shockwave treatment for the shoulder. Within the medical information available for review, there is documentation of a diagnosis of status post diagnostic arthroscopy, right glenohumeral joint and subacromial space, subacromial decompression, and arthroscopic calcific tendonitis removal. In addition, there is documentation of subjective findings (right shoulder pain), failure of conservative treatment (physical therapy, shoulder injections, acupuncture treatments, and medications), and absence of contraindications. However, there is no documentation of the number of extracorporeal shockwave therapy (ESWT) sessions requested. Therefore, based on guidelines and a review of the evidence, the request for extracorporeal shockwave therapy (ESWT) (unknown sessions) is not medically necessary.