

<b>Case Number:</b>	CM13-0043079		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 physician 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 patient is a 54-year-old male who reported an injury on 12/31/2005. The patient's diagnoses include status post lumbar fusion with recurrent disc pathology and radiculopathy, and left shoulder rotator cuff tendonitis. The patient's history includes an L5-S1 interbody fusion on 12/17/2005 and left arthroscopic shoulder repair on 01/02/2013. The patient's symptoms include persistent low back pain with radiation into the lower extremities and left shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 extracorporeal shockwave therapy sessions for left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines for Shoulder/Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** According to ACOEM Guidelines, there is some medium quality evidence supporting high energy extra corporeal shockwave therapy in the treatment of calcifying tendonitis of the shoulder. More specifically, the ODG lists the criteria for use of extra corporeal

shockwave therapy as patients whose pain from calcifying tendonitis of the shoulder has remained despite 6 months of standard treatment and at least 3 conservative treatments have been performed prior to the use of ESWT. The patient has a current diagnosis of rotator cuff tendonitis in the left shoulder; however, it is not specified to be calcifying tendonitis which is the indication for possible use of ESWT. Additionally, the patient's prior conservative treatments were not detailed with the request for ESWT. Therefore, the patient does not meet the criteria for use of this treatment. As such, the request is non-certified.

**6 LINT therapies for shockwave for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines for Shoulder/Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wang, C. J. (2012). Extracorporeal shockwave therapy in musculoskeletal disorders. *J Orthop Surg Res*, 7(11), 1-8..

**Decision rationale:** According to a Wang 2012 article, shockwave therapy is primarily used in musculoskeletal disorders including sports related overuse tendinopathy such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcified tendonitis of the shoulder, and patellar tendinopathy. There were no indications given for use of shockwave treatment for lumbar spine conditions. Therefore, the use of this treatment for the patient's low back symptoms is not supported by guidelines. As such, the request is non-certified.