

Case Number:	CM13-0045186		
Date Assigned:	12/27/2013	Date of Injury:	08/05/2011
Decision Date:	05/19/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 Surgery, 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:

This is a 35-year-old who was injured in a work related accident on August 5, 2011. Clinical records indicated an injury to the patient's right shoulder. A recent assessment of September 24, 2013 indicated no improvement with the recent subacromial injection of corticosteroid. He reported some benefit with recent acupuncture therapy. Physical examination showed tenderness and diminished motion to 150 degrees of flexion and 120 degrees of abduction with positive crepitation. The diagnosis was that of internal derangement with subacromial bursitis. Four sessions of ortho shockwave therapy were recommended for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO SHOCKWAVE THERAPY (4 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Section.

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for shockwave treatment to the shoulder in cases of calcifying tendinosis. The Official Disability Guidelines

criteria, also allow for Shockwave therapy specifically for a diagnosis of calcifying tendinosis where other forms of first line therapy may have been utilized and failed. No other current diagnoses pertinent to the shoulder have been proven to benefit from shockwave therapy. Furthermore, guidelines only indicate the role up to three sessions of shockwave therapy over a three week period of time. In this instance, the patient is with a diagnosis of impingement and bursitis but no indication of calcifying tendinosis. The patient currently does not have a supporting diagnosis for the role of shockwave therapy and this specific request would thus not be indicated. The request for four sessions of orthopedic shockwave therapy is not medically necessary or appropriate.