

Case Number:	CM13-0049103		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2012
Decision Date:	03/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/07/2013

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 Family Practice 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 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 52-year-old female who reported an injury on 10/19/2012. The patient is diagnosed with cervical intervertebral disc displacement without myelopathy, right upper extremity radiculopathy, status post arthroscopic repair of the right shoulder times two, and T2 disc herniation. The patient was seen by [REDACTED] on 10/15/2013. The patient reported 9/10 neck pain, low back pain, and right shoulder pain. Physical examination revealed positive Jackson's sign on the right, restricted cervical range of motion, positive apprehension testing with restricted range of motion of the right shoulder, positive Tinel's testing in the right elbow and right wrist, and decreased sensation in the C5 dermatome. Treatment recommendations included extra corporeal shockwave treatment times six (6) sessions for the cervical spine and three (3) sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Shoulder chapter, Shock wave therapy.

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 Chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The MTUS/ACOEM Guidelines indicate that there is medium quality evidence to support manual physical therapy, ultrasound, and high energy extra corporeal shockwave therapy for calcifying tendonitis of the shoulder. The Official Disability Guidelines indicate that the criteria for the use of extra corporeal shockwave therapy include pain from calcifying tendonitis of the shoulder. As per the documentation submitted, the patient does not maintain a diagnosis of calcifying tendonitis of the shoulder. There is also no documentation of a recent failure to respond to at least three (3) conservative treatments including rest, ice, non-steroidal anti-inflammatory drugs (NSAIDs), orthotics, physical therapy, and injections. Therefore, the patient does not meet criteria for the requested service. As such, the request is non-certified.