

Case Number:	CM13-0050445		
Date Assigned:	12/27/2013	Date of Injury:	10/25/2011
Decision Date:	08/20/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

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 & Rehabilitation has a subspecialty in Pain Medicine, 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:

The injured worker is a 62-year-old female who reported an injury on 10/25/2011. The mechanism of injury was not specifically stated. Current diagnoses include right shoulder tear and left forearm tendinitis. The latest physician progress report submitted for this review is documented on 01/13/2014. The injured worker presented with left shoulder pain rated 9/10. Physical examination revealed 110 degree flexion, positive Apley's scratch testing, and tenderness to palpation. Treatment recommendations at that time included acupuncture, chiropractic therapy, and a referral to a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy Treatment to the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is medium quality evidence to support manual physical therapy, ultrasound, and high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. The injured worker does not

maintain a diagnosis of calcifying tendinitis of the shoulder. Therefore, the injured worker does not meet criteria for the requested service. There was also no frequency or total duration of treatment listed in the current request. As such, the request is medically necessary and appropriate.