

Case Number:	CM13-0058046		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2013
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/26/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of August 10, 2013. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; MRI (magnetic resonance imaging) of the left shoulder of August 30, 2013, notable for a partial intrasubstance tear of the supraspinatus tendon, a tear of the inferior and anterior glenoid labra, subcoracoid bursitis, and the absence of any fracture; unspecified amounts of physical therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 7, 2013, the claims administrator denied a request for extracorporeal shock wave therapy to the left shoulder, citing non-MTUS Official Disability Guidelines (ODG), although the MTUS does address the topic. The applicant's attorney subsequently appealed. A September 23, 2013 progress note is notable for comments that the applicant remains off of work, on total temporary disability. The applicant has not returned to work as a heating ventilation air condition technician. The applicant is given a diagnosis of large glenoid labral tear of left shoulder. He is described as disabled. He is asked to pursue a diagnostic and operative arthroscopy of the left shoulder. The applicant ultimately underwent an operative arthroscopy with a Bankart repair surgery on December 11, 2013, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 SESSION OF EXTRACORPOREAL SHOCK WAVE THERAPY: 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): 203.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, some medium quality evidence "supports" extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In this case, however, the applicant does not carry a diagnosis of calcifying tendinitis of the shoulder. The applicant carries diagnoses of partial-thickness rotator cuff tears and labral tears. Extracorporeal shock wave therapy is not, per ACOEM, indicated in the treatment of the same. Therefore, the request is not certified, on Independent Medical Review.