MAXIMUS Federal Services

Case Number:	CM13-0061344		
Date Assigned:	12/30/2013	Date of Injury:	04/22/2013
Decision Date:	04/10/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of April 22, 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; electrodiagnostic testing of the lower extremities of September 20, 2013, interpreted as notable for a sensorimotor neuropathy; and extensive periods of time off of work. In a utilization review report of November 26, 2013, the claims administrator denied a request for extracorporeal shockwave therapy, denied a request for a shoulder MRI, and approved a request for an orthopedic consultation. The claims administrator stated that there were red flag signs or symptoms, which would justify MRI imaging. The applicant's attorney subsequently appealed. An October 22, 2013 progress note is notable for comments that the applicant is obese and reports ankle and foot pain with associated anxiety, depression, and insomnia associated with loss of work. The applicant is described as off of work. An MRI of the shoulder of October 2, 2013 was apparently read as negative for any full thickness rotator cuff tear. There is no mention made of any negative for any full thickness tear, supraspinatus tendinopathy, and AC joint arthropathy. There is no mention made of calcific depositions. Multiple other chiropractic progress notes interspersed throughout 2013, including June 25, 2013, September 25, 2013, September 26, 2013, and October 22, 2013 are all reviewed. The applicant is described as having ongoing issues pertaining to lumbar spine and left ankle. There is no mention or description made of issues pertaining to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY X 3, RIGHT SHOULDER:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: No, the request for three sessions of physical therapy to the shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, some "medial quality evidence" supports extracorporeal shockwave therapy for a specific diagnosis of calcifying tendinitis of the shoulder. In this case, however, the applicant does not have any clinical or radiographic evidence of calcified tendinitis of the shoulder. MRI imaging, referenced above, did not make any mention of calcific deposit or calcifying tendinitis. Therefore, the request for three sessions of extracorporeal shockwave therapy to the right shoulder is not certified, on Independent Medical Review.

MRI RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The proposed MRI of the right shoulder was also not medically necessary, medically appropriate, or indicated here. While the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214 do state that MRI imaging is "recommended" in the preoperative evaluation of partial thickness or large full thickness rotator cuff tears, in this case, however, there was no mention made of any signs or symptoms pertaining to the shoulder noted on the office visits which were provided for review. All of the applicant's symptomatology was seemingly confined to the lumbar spine, foot, and ankle. Shoulder MRI imaging was not indicated, although it is incidentally noted that the October 7, 2013 progress note which the utilization reviewer referenced in its denial was not seemingly included. Therefore, the request is not certified, as the information on file does not establish the presence or suspicion of full thickness or partial thickness rotator cuff tear for which MRI imaging would have been indicated. It is further noted that the MRI imaging study in question was essentially negative. For all the stated reasons, the request is not certified, on Independent Medical Review.