

<b>Case Number:</b>	CM13-0062145		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Internal Medicine has a subspecialty in Pulmonary Diseases 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:

This patient reported a date of injury of 11/01/2011. The mechanism of injury was not provided. Diagnoses are right shoulder derangement, left shoulder derangement, right wrist sprain/strain, and stress and anxiety. MRI of the right shoulder, date of service 10/11/2012, revealed acromioclavicular joint arthropathy, subcoracoid bursitis, focal full thickness tear of supraspinatus along with atrophy of its fibers, small subacromial/subdeltoid bursal effusion, and biceps tenosynovitis. MRI of the left shoulder, date of service 10/10/2012, revealed acromioclavicular joint arthropathy, supraspinatus and infraspinatus tendinosis, small subacromial/subdeltoid bursal effusion, biceps tenosynovitis, and mild glenohumeral joint effusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for shock wave therapy 1 times 3 for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** The CAMTUS/ACOEM Guidelines state "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave

therapy for calcifying tendinitis of the shoulder." The request for shock wave therapy one times three for the left shoulder is non-certified. On physical examination of 12/06/2013, the patient presented with intermittent minimal left shoulder tightness, aches, and soreness, and on the right shoulder, she complained of constant tight, sharp, and achy pain. Objective findings were: right shoulder forward flexion 160 degrees, left shoulder 170 degrees, right shoulder extension 30 degrees, left shoulder 40 degrees, right shoulder abduction 130 degrees, left shoulder 170 degrees with pain, right shoulder internal rotation 60 degrees, left shoulder 80 degrees with pain, right shoulder external rotation 60 degrees, and left shoulder 80 degrees with pain. The Guidelines do supporting shockwave therapy for calcifying tendinitis of the shoulder. However, the diagnostic and imaging studies provided for review did not indicate calcifying tendinosis but right shoulder derangement and left shoulder derangement. As such, the request is non-certified.