

<b>Case Number:</b>	CM13-0062544		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/21/2013
<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 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 patient is a represented [REDACTED] employee who has filed a claim for shoulder pain, elbow pain, low back pain, stress, anxiety, depression, and sleep disturbance reportedly associated with an industrial injury of September 7, 2012. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; and three sessions of extracorporeal shock wave therapy. I have been asked to review the file and determine the retrospective necessity of extracorporeal shock wave therapy performed on October 8, 2013, October 22, 2013, and November 5, 2013. In a Utilization Review Report of November 21, 2013, the claims administrator denied a request for extracorporeal shock wave therapy, stating that the patient did not carry a diagnosis of calcifying tendinitis of the shoulder for which extracorporeal shock wave therapy would be indicated. The applicant's attorney subsequently appealed. In a September 19, 2013 progress note, the attending provider notes that the patient is off of work because her employer is apparently unable to accommodate the limitations. She is having ongoing issues with low back and shoulder pain. She apparently had an MRI of the shoulder on May 10, 2013 notable for impingement syndrome, arthritis, supraspinatus tendinosis, and infraspinatus tendinosis. Shoulder strength is limited from 4/5 to 5/5 with flexion and abduction limited to the 90- to 110-degree range. Extracorporeal shock wave therapy for the bilateral shoulder was endorsed. A shoulder MRI report dated February 6, 2013 is notable for the absence of any recent fracture, moderate intra-articular biceps tendinosis, mild supraspinatus and infraspinatus tendinosis, tearing of the labrum, and mild AC joint osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy for the right shoulder (dos 10/8/13,10/22/13, and 11/5/13)(1x3): Upheld**

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

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

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, do acknowledge that "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 for which ESWT would be indicated. Shoulder MRI imaging did not reveal any evidence of calcifying tendinitis or calcific depositions about the injured shoulder. Therefore, the request is not certified, on Independent Medical Review.