

Case Number:	CM13-0062918		
Date Assigned:	04/30/2014	Date of Injury:	07/16/2013
Decision Date:	07/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 and Pain Medicine and is licensed to practice in Texas & Ohio. 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 29-year-old male who reported an injury on 07/16/2013 secondary to a fall. The injured worker was evaluated on 09/20/2013 for reports of left shoulder and midback pain. The exam notes noted the injured worker was currently not taking any medications. The exam noted positive tenderness with muscle spasm over the paraspinal muscles from T1-8 bilaterally. The range of motion of the thoracic spine was noted to be decreased to 75% for flexion, extension, and left and right rotation. The left shoulder exam revealed positive tenderness to palpation over the trapezius and supraspinatus muscles and acromioclavicular joint. There were positive impingement and Hawkin's signs noted. The left shoulder range of motion was noted to be painful and restricted to 75% for flexion, extension, abduction, adduction, and internal and external rotation. Diagnoses included left shoulder sprain, status post left clavicle fracture, and thoracic sprain/strain. The treatment plan included physical therapy, radiological studies, medications, Electromyography (EMG)/Nerve Conduction Velocity (NCV), psychologist referral and acupuncture. The Request for Authorization dated 11/12/2013, without a rationale for the request, was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER SHOCK WAVE THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 201-205.

Decision rationale: The California MTUS/ACOEM Guidelines state some medium quality evidence supports high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The guidelines further state initial use of less invasive techniques provides an opportunity for the clinician to monitor progress before referral to a specialist. There was a lack of recent clinical notes in the documentation provided. There is a lack of evidence of a diagnosis of calcifying tendinitis and failure of conservative therapies in the documentation provided. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.