

<b>Case Number:</b>	CM13-0063830		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 48-year-old female who was reportedly injured on September 13, 2013. The mechanism of injury was noted as cumulative trauma. The most recent progress note dated October 25, 2013, indicated that there were ongoing complaints of bilateral shoulders, bilateral elbows, bilateral wrists, right arm, and upper back pains. The physical examination demonstrated diffuse tenderness about the left shoulder and pain with range of motion. There was a positive cross-arm test and a positive Hawkins test. There were similar findings for the right shoulder. Examination of the elbows noted tenderness at the lateral epicondyles. The examination of the right wrist noted a positive Finkelstein's test and soft tissue swelling about the radial aspect. There was tenderness along the thoracic spine with parathoracic and rhomboid muscle spasms. Current treatment plan included medication refills, a Toradol injection, and a recommendation for a transcutaneous electrical nerve stimulation unit as part of physical therapy. A request had been made for shock wave therapy and was not certified in the pre-authorization process on November 27, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shock wave therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Extracorporeal shock wave therapy, updated July 29, 2014.

**Decision rationale:** According to the medical record, it was unclear what the request for shock wave therapy is intended to treat. It is conceivable that this request is for the injured employee's shoulder pain; however extracorporeal shock wave therapy was only recommended for calcific tendinitis, which has remained after six months of conservative treatment. There was no documentation of this in the medical record either. For these multiple reasons, this request for shock wave therapy is not medically necessary.