

Case Number:	CM13-0067131		
Date Assigned:	01/03/2014	Date of Injury:	04/16/2013
Decision Date:	05/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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; Pain Management has a subspecialty in Interventional Spine 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 patient is a 37 year old female with date of injury 4/16/13. The treating physician report dated 10/23/13 indicates that the patient presents with constant pain affecting the right shoulder, right arm, right hand rated a 6/10. The current diagnoses are: 1.Sprain/strain shoulder 2.Internal derangement of joint of shoulder region-rule out 3.Wrist and hand sprain/strain 4.Internal derangement wrist/hand--rule out 5.Segmental dysfunction of upper extremity 6.Right arm radiculopathy 7.Unspecified sleep disturbance with acute reaction to stress and anxiety 8.Metallic artifact, dorsal to third metacarpal per 7/25/13 MRI (new diagnosis) The utilization review report dated 12/10/13 denied the request for shockwave therapy 1x3 to right shoulder and open MRI right shoulder based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY ONCE A WEEK FOR THREE WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, 203

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal Shock Wave Therapy (ESWT)

Decision rationale: The patient presents with continued right shoulder pain. The current request is for Shockwave therapy once a week for three weeks for the right shoulder. The 10/23/13 report reveals examination findings of, "Palpation reveals nonspecific tenderness in the right shoulder. Empty can test, Impingement maneuver and Apprehension test are positive on the right shoulder." The right shoulder diagnosis is internal derangement and unspecified disorder of tendon and bursa. The MTUS Guidelines do not address shockwave therapy. The ODG guidelines state that Extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. There is no documentation provided in the reports reviewed to indicate that the patient has calcifying tendinitis. The request for Shockwave Therapy is not medically necessary.

OPEN MRI TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, 208

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI

Decision rationale: The patient presents with continued right shoulder pain. The current request is for Open MRI right shoulder. There is a 10/2/13 closed MRI report of the right shoulder without contrast in the records reviewed. The 10/2/13 report states there is no full thickness tear of the rotator cuff, supraspinatus tendinopathy and AC joint arthropathy is present. The 10/23/13 treating physician report states, "I am requesting that the patient be sent out for an open MRI without contrast of the right shoulder and that the report be sent to my office." There is no documentation in the reports reviewed to indicate if the current request is for a repeat right shoulder MRI or for the MRI that was dated 10/2/13. The treater's 9/17/13 report also requested an Open MRI of the right shoulder. The 9/17/13 and 10/23/13 physical examination findings both state, "Palpation reveals nonspecific tenderness in the right shoulder. Empty can test, Impingement maneuver and Apprehension test are positive on the right shoulder." The MTUS Guidelines do not address MRI scans. The ODG Guidelines state that shoulder MRI is indicated for, "Subacute shoulder pain, suspect instability/labral tear." Based on the information provided it is difficult to assess exactly what the treater in this case is requesting. Because the ODG guidelines do not recommend repeat MRI scans unless there is a significant change in symptoms and/or findings suggestive of significant pathology. The treater does not document any such information indicating that a repeat MRI is necessary. The request for an MRI is not medically necessary.