

<b>Case Number:</b>	CM13-0067734		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Occupational Medicine, has a subspecialty in Preventive 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 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 65-year-old male with date of injury April 6, 2012. The most current medical record, an agreed medical examination, dated October 3, 2013, lists subjective complaints as aching upper back/neck pain which radiates down to his lower back, buttocks and thigh regions. He also complains of bilateral shoulder pain which radiates down the arms to the elbows, forearms, and wrists bilaterally. Objective findings: Examination of the lumbar spine revealed limitation of lumbar mobility and associated complaints in the lower back. There was lower back pain with mobility. In the prone position, there was no lumbar paraspinal spasm or tenderness. There was no midline spinous process tenderness, posterior iliac spine tenderness, sciatic notch tenderness, or posterior thigh tenderness. Examination of the cervical and thoracic spine revealed slight limitation of mobility. There was no trapezial or interscapular spasm or tenderness. Examination of the shoulders revealed no evidence of swelling, deformity or atrophy. There was no tenderness to palpation of the shoulders. There were right shoulder complaints with mobility, but no crepitus with mobility. There was reduced range of motion. X-ray of bilateral shoulders showed some acromioclavicular narrowing, but otherwise unremarkable. Diagnoses included: Musculoligamentous strain, cervical spine; Musculoligamentous strain, lumbosacral spine; X-ray and MRI reflecting spondylolysis and spondylolisthesis, L5-S1; Sprain/strain, bilateral shoulders, with impingement syndrome- predominantly left; Clinical evidence suggesting bilateral patellofemoral syndrome. The medical records provided for review document that the patient has attended 24 physical therapy sessions to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT EXTRA-CORPOREAL SHOCK WAVE THERAPY (ECSWT) ONE TIME PER WEEK OVER THREE TO SIX WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**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) Chapter, Extracorporeal Shock Wave Therapy (ESWT) Section.

**Decision rationale:** According to the Official Disability Guidelines, extracorporeal shockwave therapy is recommended only for calcifying tendinitis but not for other shoulder disorders. X-ray of the patient's bilateral shoulders showed only some acromioclavicular joint with narrowing. There was no radiographic evidence for calcific tendinitis of the shoulder. The request for outpatient extra-corporeal shock wave therapy (ECSWT) once per week for three to six weeks is not medically necessary or appropriate.