MAXIMUS Federal Services

Case Number:	CM14-0002068		
Date Assigned:	01/24/2014	Date of Injury:	11/16/2012
Decision Date:	05/29/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 64 year old with a date of injury 11/16/12. The diagnoses include sprain of unspecified site of left shoulder and upper arm, cervical sprain, thoracic sprain, lumbar sprain. There is a request for shockwave therapy two times per week for 3 weeks for the left shoulder. The 12/11/13 physical exam revealed the patient complains of pain in his left shoulder traveling to his left arm which he describes as dull, aching, sore and unbearable. The patient has weakness and notes difficulty raising his left arm at or above shoulder level. He is unable to lie down on his left side at night due to left shoulder pain and discomfort. The patient presents with complaints of frequent pain in the left shoulder traveling to the left arm and neck. He reports experiencing increased left shoulder pain when applying pressure, with any overhead reaching and when lying down on his left side at night. He has multiple other musculoskeletal complaints including complains of constant pain in his neck which he describes as dull. On physical exam Final Determination Letter for IMR Case Number CM14-0002068 3 there is decreased shoulder range of motion. There is decreased cervical flexion and extension. The distraction test, Spurling test, Foraminal compression test and Shoulder depressor test reveal pain on both sides. The reflexes for the biceps are normal bilaterally. The reflexes for the triceps are normal bilaterally. The brachioradialis reflexes are normal bilaterally. Palpation reveals nonspecific tenderness in the left shoulder. Palpation indicates moderate tenderness at the supraspinatus and infraspinatus on the left. The Valsalva test is negative on both shoulders. The empty can test; supraspinatus resistance test, Speed's- bicipital tendonitis, impingement maneuver, apprehension test and Yergason's sign are negative on the right shoulder. Impingement maneuver is positive on the left shoulder. The empty can test, supraspinatus resistance test, Speed's- bicipital tendonitis,

apprehension test and Yergason's sign reveal pain on the left shoulder. X-rays of the left shoulder dated 08/19/13 documented unremarkable findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY TWO TIMES A WEEK FOR THREE WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute and chronic) disorders, Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: Shockwave therapy two times per week for 3 weeks left shoulder is not medically necessary per the Shoulder Complaints Chapter ACOEM Practice Guidelines. The ACOEM guidelines state that there is some medium quality evidence for high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ODG recommends extracorporeal shock wave therapy (ESWT) for calcifying tendinitis but not for other shoulder disorders. The documentation submitted reveals no evidence of calcifying tendinitis in the left shoulder. The request for electric shockwave therapy two times per week for three weeks to the left shoulder is therefore not medically necessary and appropriate.