MAXIMUS Federal Services

Case Number:	CM14-0005052		
Date Assigned:	01/24/2014	Date of Injury:	05/19/2012
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

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 Occupational 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 53-year old female who has submitted a claim for Rotator Cuff Tear and Moderate Impingement associated with an industrial injury date of May 19, 2012. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of right shoulder pain, rated 7/10, worse with overhead activity and repetitive movement, pushing, and pulling. The patient also complained of left knee pain and low back pain radiating down her legs with numbness and tingling. On physical examination, gait was antalgic and the patient ambulated with a cane and was wearing a left-hinged knee support. Examination of the lumbar spine revealed tenderness of the paraspinals and left sacroiliac area and range of motion was limited. Sensation was intact in the bilateral lower extremities. Left knee examination revealed mild inflammation, tenderness, and limited range of motion. An examination of the right shoulder was not documented. Treatment to date has included medications, acupuncture, left knee cortisone injection, left knee surgery, and postoperative physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE THERAPY X3 RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM-OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2008, , 555-556

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 9, PAGE 203

Decision rationale: According to page 203 of the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities such as massage, diatheramy, cutaneous laser treatment, ultrasound treatment, TENS units, and biofeedback are not supported by high-quality medical studies but they may be useful in the initial conservative treatment of acute shoulder symptoms. Some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In this case, the patient's right shoulder pain is chronic in nature. Moreover, the medical records failed to document presence of calcifying tendinitis of the shoulder, which may warrant extracorporeal shock wave therapy. Moreover, the latest progress note failed to include an examination of the right shoulder; thus, the current functional status of the patient's right shoulder is unknown. There is no clear indication for the requested procedure; therefore, the request for extracorporeal shock wave therapy for the right shoulder is not medically necessary.