

Case Number:	CM14-0005126		
Date Assigned:	02/05/2014	Date of Injury:	09/03/2009
Decision Date:	08/04/2014	UR Denial Date:	12/26/2013
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 Physical Medicine & Rehabilitation, 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 64-year-old male who has submitted a claim for rotator cuff tear, right shoulder; cubital tunnel syndrome, right elbow; and bilateral carpal tunnel syndrome associated with an industrial injury date of September 3, 2009. Medical records from 2013 were reviewed, which showed that the patient complained of occasional bilateral shoulder pain, grade 1/10 on pain scale; right wrist / hand pain, grade 1/10 on pain scale; and occasional pain on bilateral wrists. On physical examination of the bilateral shoulder, range of motion (ROM) were as follows: forward flexion at 170 degrees; extension at the 30 degrees-right and 35 degrees-left; abduction at 170 degrees. ROM of the bilateral wrists were as follows: flexion at 50 degrees; extension at 50 degrees; radial deviation at 20 degrees; ulnar deviation at 25 degrees-right, and 30 degrees-left. Treatment to date has included medications, carpal tunnel release, and left shoulder rotator cuff repair. Utilization review from December 26, 2013, denied the request for extracorporeal shock wave lithotripsy bilateral shoulders, elbows and wrists, because there are no X-ray reports or MRIs to verify that the patient has calcific tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY BILATERAL SHOULDERS, ELBOWS AND WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203.

Decision rationale: Guidelines state that physical modalities such as diathermy, ultrasound treatment, and transcutaneous electrical nerve stimulation (TENS) units 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 high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In this case, the requesting provider failed to establish circumstances that would warrant extracorporeal shock wave therapy (ESWT) despite strong adverse evidence. The patient has been prescribed Extracorporeal Shockwave Lithotripsy to stimulate healing for chronic pain myofascial syndrome of the bilateral shoulders, elbows and wrists. However, the medical records failed to establish circumstances such as calcifying tendinosis that would warrant ESWT despite strong adverse evidence. Likewise, the frequency and duration of the treatment was non-specific. Therefore, the request is not medically necessary.