

<b>Case Number:</b>	CM14-0009785		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 57-year-old female with an 11/11/11 date of injury. The mechanism of injury was not noted. In a 1/21/14 progress note, the patient stated that her medications and creams were working well. Objective findings: severe spasm over bilateral trapezius, muscle spasm of the cervical paravertebral muscles, muscle spasm of the anterior shoulder. Diagnostic impression: Cervical muscle spasm, Cervical sprain/strain, Left shoulder muscle spasm, Left shoulder sprain/strain. Treatment to date: medication management, activity modification, rest, physical therapy. A UR decision dated 1/8/14 denied the request for extracorporeal shock wave therapy (ESWT). Guidelines support ESWT for patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. As there is no indication of calcifying tendinitis, there is not sufficient documentation or rationale for ESWT in this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXTRACORPOREAL SHOCK WAVE THERAPY OF UNSPECIFIED FREQUENCY AND DURATION FOR THE LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

**Decision rationale:** CA MTUS states that physical modalities, such as ultrasound treatment, are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral; with high energy extracorporeal shock wave therapy recommended for calcifying tendinitis of the shoulder. In the reports reviewed, there is no documentation that the patient has been diagnosed with calcifying tendinitis. In addition, the number of sessions and duration of extracorporeal shockwave therapy was not provided. A specific rationale identifying why extracorporeal shockwave therapy would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Extracorporeal Shock Wave Therapy of Unspecified Frequency and Duration for the Left Shoulder is not medically necessary.