

Case Number:	CM14-0106592		
Date Assigned:	07/30/2014	Date of Injury:	11/30/2011
Decision Date:	10/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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:

This is a 48 year old female with an 11/30/11 injury date. She was going up an escalator to work and the person in front of her fell backward on her causing injuries to her right shoulder. In a 7/11/14 follow-up, subjective findings included dull to sharp pain in her right shoulder that is constant and associated with pushing, pulling, and reaching. Objective findings included positive impingement signs and slightly decreased right shoulder range of motion. A right shoulder MRI on 6/7/13 showed supraspinatus tendinosis. Diagnostic impression: right shoulder impingement. Treatment to date: Medications, Physical Therapy, Acupuncture, Chiropractic Care. A UR decision on 7/8/14 denied the request for shockwave therapy X3 for the right shoulder on the basis that there was no diagnosis of calcifying tendinitis of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock wave therapy x 3 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web-based version, Shoulder chapter

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

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. However, in this case there is no evidence of calcific deposits in the patient's shoulder MRI, or evidence in the documentation that the patient suffers from calcific tendonitis of the shoulder. Current guidelines only recommend shock wave therapy for the treatment of calcific tendonitis. Therefore, the request for Shock Wave Therapy x 3 for the right shoulder is not medically necessary.