MAXIMUS Federal Services

Case Number:	CM14-0108360		
Date Assigned:	08/06/2014	Date of Injury:	08/22/2011
Decision Date:	10/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/11/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 50 year old female who reported an injury on 08/22/2011; the mechanism of injury was not provided. Diagnoses included calcifying tendinitis of the shoulder, left shoulder impingement, and neck sprain/strain. Past treatments included medications, and at least 5 sessions of physical therapy to the cervical and lumbar spine and bilateral shoulders. Past treatments specific to the left shoulder included physical and manipulating therapy, injections, and extracorporeal shockwave therapy. Diagnostic studies included an MRI of the left shoulder, completed on 06/24/2014, which indicated supraspinatus tendinosis, possibly with full-thickness tear near the insertion. An MRI of the right shoulder, completed on 01/04/2014, indicated postsurgical and degenerative changes, subscapularis tendinosis, full-thickness tear of the supraspinatus tendon, and torn biceps tendon. An EMG/NCV of the bilateral upper extremities, completed on 01/14/2014, indicated chronic C6 radiculopathy. Surgical history included two right shoulder surgeries. The clinical note dated 06/18/2014 indicated the injured worker complained of pain to the back, and bilateral shoulders and arms. Physical exam revealed tenderness to palpation in the cervical spine and left shoulder to the glenohumeral joint. The injured worker had 100 degrees of flexion to the left shoulder, 110 degrees of abduction, and 40 degrees of extension. Current medications included Norco 10/325 mg and Ambien 10 mg. The treatment plan included physical therapy 2x6 weeks of the cervical and thoracic spine and bilateral shoulders, and extracorporeal shockwave therapy x3 to the left shoulder. The rationale for extracorporeal shockwave therapy was due to the chronic nature of the injured worker's complaints and lack of recent, measurable improvements. The rationale for physical therapy and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 Weeks of Cervical and Thoracic Spine, Bilateral Shoulders;: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 2x6 weeks of the cervical and thoracic spine and bilateral shoulders is not medically necessary. The California MTUS guidelines indicate that physical therapy is recommended for patients with radiculitis, to include 8-10 visits over 4 weeks. The injured worker complained of pain to the back, bilateral shoulders, and arms. The injured worker previously completed physical therapy to the cervical and lumbar spine, and the bilateral shoulders. There is however, a lack of documentation indicating the number of sessions completed, and measurable values of functional improvement as well as quantified pain relief to indicate the need for additional therapy. There is a lack of documentation demonstrating the injured worker has significant objective functional deficits. Therefore the request for physical therapy 2x6 weeks of the cervical and thoracic spine and bilateral shoulders is not medically necessary.

Extracorporeal Shockwave Therapy x3 Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The request for extracorporeal shockwave therapy x3 to the left shoulder is not medically necessary. The California MTUS/ACOEM guidelines state some medium quality evidence supports high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The Official Disability Guidelines indicate extracorporeal shock wave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. The guidelines note extracorporeal shock wave therapy may be indicated for patients with pain from calcifying tendinitis of the shoulder which has remained despite six months of standard treatment after at least three conservative treatments have been performed prior to extracorporeal shock wave therapy. It is contraindicated in patients who have had physical therapy within 4 weeks of beginning the treatment, received a local steroid injection within 6 weeks of beginning the treatment, and patients with bilateral pain. The injured worker complained of pain to the bilateral shoulders and arms. The injured worker had a diagnosis of calcifying tendinitis of the shoulder. The injured worker also had physical therapy and injections to the left shoulder; however, the dates of these treatments were not provided. Additionally, the injured worker

previously had at least one treatment of extracorporeal shock wave therapy to the left shoulder, and there is a lack of documented functional improvement or quantified pain relief with the prior treatment. As the previously performed physical therapy and injections could fall within the time frame not recommended by the guidelines, and the lack of documented functional improvements and quantified pain relief from the previous treatment, the request for extracorporeal shockwave therapy would not be indicated at this time. Therefore, extracorporeal shockwave therapy x3 to the left shoulder is not medically necessary.