

<b>Case Number:</b>	CM14-0109852		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 43 year old female with a reported date of injury of October 18, 2013. Mechanism of injury was a lifting injury while performing the regular duties of her occupation as a housekeeper. Diagnosis of lumbosacral (joint) (ligament) sprain (846.0). Primary treating physician office visit note, dated May 9, 2014, indicates the injured worker with continued complaints of on and off aching low back pain that radiates to her waist, right scapula, right shoulder, right leg, right foot and bilateral knees with associated numbness and tingling. The pain increases with prolonged standing, sitting and walking; complaints of intermittent worsening upper back pain that radiates down to her right elbow and is worse with prolonged positioning and when her low back pain flares up. The injured worker reports her pain is well-controlled with medications. She also reports the therapy and acupuncture helped decrease her pain temporarily and is able to do more activities of daily living. The treating physician is noted as saying the injured worker is awaiting Extracorporeal Shock Wave Therapy (ESWT) for the right and left levator scapula. Work status as of primary treating physician office visit note dated July 18, 2014 indicates the injured worker continues to be considered total temporary disability. Prior utilization review denied request for Extracorporeal Shock Wave Therapy right and left Levator Scapula X 3 on July 01, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shock Wave Therapy right and left Levator Scapula X 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, <Extracorporeal Shockwave Therapy

**Decision rationale:** This claimant is a 43 year old female with a reported date of injury of October 18, 2013. Mechanism of injury was a lifting injury while performing the regular duties of her occupation as a housekeeper. The office notes of 4/18/14 6/30/14 7/18/14, and 8/15/14 make no mention of any signs or symptoms or allude to a clinical diagnosis of calcific tendonitis of the shoulder. There are no imaging studies such a radiographs, CT scan or MRI's to support the diagnoses of calcific tendonitis. ODG and ACOEM allow for high energy extracorporeal shockwave therapy only in cases of calcific tendonitis. Therefore the request ESWT for bilateral shoulders is not medically necessary.