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| Case Number: | CM14-0010793 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 06/19/2013 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 19, 2013. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, multimodality transcutaneous electric therapy device and extensive periods of time off of work. The applicant was placed off of work, in a handwritten progress note dated December 5, 2013. In a clinical progress note of November 27, 2013, the applicant was described as reporting persistent low back pain, shoulder pain, and upper back pain with associated psychological stress. Tenderness and limited range of motion about the shoulder were noted with positive signs of internal impingement. MRI imaging of shoulder dated November 14, 2013 was notable for partial tearing of the supraspinatus, subscapularis, and infraspinatus muscles with a superimposed labral tear, bursitis, arthrosis, and a joint effusion. A TENS unit, hot and cold device, cold therapy, heat therapy, and Protonix were apparently sought, along with extracorporeal shock wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 EXTRACORPOREAL SHOCK WAVE THERAPY TREATMENTS- RIGHT SHOULDER 1X3: 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): 203.

Decision rationale: While the California MTUS-adopted ACOEM Guidelines in Chapter 9, page 203 do note that medium quality evidence exists to support extracorporeal shock wave therapy for the diagnosis of calcifying tendonitis of the shoulder, in this case, however, the applicant's symptoms are seemingly attributable to a diagnosis of multiple partial-thickness rotator cuff tears of three separate rotator cuff tendons. There was no mention of calcifying tendonitis or calcific deposits about the shoulder appreciated on the November 2013 shoulder MRI in question. The attending provider does not, moreover, furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.