

Case Number:	CM14-0011450		
Date Assigned:	02/21/2014	Date of Injury:	01/09/2009
Decision Date:	08/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/28/2014

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 43-year-old female with a 1/9/09 date of injury. 12/4/13 progress report indicates ongoing left shoulder pain with limitations in Activities of Daily Living (ADL). There is left wrist pain. Physical exam demonstrates limited left shoulder ROM, positive subacromial bursitis, positive impingement. 12/2/13 left shoulder X-ray demonstrates no significant Degenerative Joint Disease (DJD) and no obvious fractures. 8/29/12 left shoulder MRI demonstrates mild biceps tendinopathy; rotator cuff tendinopathy; and unfavorable acromial anatomy. Treatment to date has included medication, activity modification, Physical Therapy (PT). There is documentation of a previous 1/15/14 adverse determination; previous review was not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR THE LEFT SHOULDER, 1 TIME WEEKLY FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT).

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 CHAPTER, ESWT.

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, the patient's shoulder complaints are not acute, with a 2009 date of injury and a long treatment history, the patient's complaints are chronic at this juncture. There is no imaging evidence of calcifying tendinitis. Therefore, the request for extracorporeal shock wave lithotripsy for the left shoulder, 1 time weekly for 4 weeks is not medically necessary.