

<b>Case Number:</b>	CM14-0014272		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 patient is a 36-year-old male who has submitted a claim for cervical sprain/strain, rule out discopathy, bilateral shoulder sprain/strain with tendinitis, bilateral carpal tunnel syndrome, and anxiety and depression associated with an industrial injury date of March 1, 2009. Medical records from 2013-2014 were reviewed. The patient complained of bilateral shoulder and right elbow pain, grade 6-8/10 in severity. The shoulder pain was characterized as sore, burning, cramping and aching. Pain on the right elbow was sharp, burning, cramping, and aching. It was both aggravated by looking down, repetitive, grasping, fine manipulation, typing, writing, folding paper, stuffing envelopes, sitting, standing, and walking. Physical examination showed tenderness over bilateral trapezius, right acromioclavicular joint, and anterior joint line. There was mild swelling, more on the right. Range of motion was limited on both shoulders. Motor strength of the shoulders was 4/5 bilaterally. Yergason test was positive. There was tenderness over the bilateral lateral epicondyle of the elbows, right worse than the left. Upper extremity reflexes were diminished at the left triceps, absent at the right triceps, and present at both elbow. MRI of the cervical spine, dated September 25, 2013, revealed mild degenerative disc disease of C5-C6 with mild impingement upon the exiting left C6 nerve root. EMG/NCS of the upper extremities dated September 24, 2013 showed moderate compression of the median nerve at the carpal tunnel by electrodiagnostic criteria. Treatment to date has included medications, physical therapy, acupuncture, activity modification, and extracorporeal shockwave therapy. Utilization review, dated January 24, 2014, denied the request for 5 high and/or low energy extracorporeal shockwave therapy treatments for each diagnosis - left shoulder, right shoulder and right elbow. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIVE (5) HIGH AND/OR LOW ENERGY EXTRACORPOREAL SHOCKWAVE THERAPY TREATMENTS FOR EACH DIAGNOSIS FOR THE LEFT SHOULDER, RIGHT SHOULDER AND RIGHT ELBOW: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to page 203 of the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities such as diathermy, ultrasound treatment, and TENS units are not supported by high-quality medical studies but they may be useful in the initial conservative treatment of acute shoulder symptoms. Some medium quality evidence supports high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In addition, ODG states that ESWT is used for patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment, at least three conservative treatments have been done prior to ESWT use, and maximum of 3 therapy sessions over 3 weeks. In this case, the patient has long-standing shoulder and right elbow pain which is beyond the acute phase. The patient previously underwent 3 sessions of ESWT of the shoulders and right elbow between December 30, 2013 and January 27, 2014. There were noted pain relief and better range of motion from the treatment. However, the medical records failed to establish circumstances such as calcifying tendinosis that would warrant ESWT despite strong adverse evidence. There was mention that conservative treatment has not helped, but there was no documentation regarding such failed treatments. Furthermore, the request would exceed the guideline recommendation of 3 therapy sessions over 3 weeks. The guideline criteria have not been met. Therefore, the request for five (5) high and/or low energy extracorporeal shockwave therapy treatments for each diagnosis for the left shoulder, right shoulder, and right elbow is not medically necessary.