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| Case Number: | CM14-0015414 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 01/11/2011 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/06/2014 |

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 Family Practice and is licensed to practice in Tennessee, California and Virginia. 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 54 year old female whose date of injury is 01/11/2011. The mechanism of injury is described as repetitive work duties. MRI of the left shoulder dated 05/16/13 revealed partial tear of the supraspinatus tendon, minimal subacromial and subscapularis bursitis, and osteoarthropathy of the acromioclavicular joint. The injured worker underwent extracorporeal shockwave treatment on 07/02/13, 07/09/13. General evaluation dated 12/11/13 indicates that diagnoses are status post left shoulder surgery x 2 (02/28/12 and 01/18/13), adhesive capsulitis with partial tear of the supraspinatus and osteoarthritis of the left shoulder. On physical examination active range of motion of the left shoulder is flexion 140, abduction 140, extension 50, external rotation 65, internal rotation to T10. Strength is rated as 4- to 4/5. A follow up note dated 03/04/14 indicates that she has received 8 physical therapy visits and 19 chiropractic visits to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

HIGH AND/OR LOW ENERGY EXTRACORPOREAL SHOCKWAVE TREATMENT X5 (5 PER DIAGNOSES 1 TREATMENT EVERY TWO WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal shock wave therapy (ESWT)

Decision rationale: Based on the clinical information provided, the request for extracorporeal shockwave treatment x 5 is not recommended as medically necessary. The submitted records indicate that the injured worker has undergone prior shockwave treatment; however, there are no objective measures of improvement provided to establish efficacy of treatment. The Official Disability Guidelines support the use of extracorporeal shockwave therapy for treatment of calcifying tendinitis which is not documented in this case. The request is excessive as the Official Disability Guidelines support a maximum of 3 sessions over 3 weeks.