

Case Number:	CM14-0015420		
Date Assigned:	02/28/2014	Date of Injury:	01/11/2011
Decision Date:	07/30/2014	UR Denial Date:	01/13/2014
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 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 myofascial pain syndrome, low back pain, mid back pain, and shoulder pain associated with an industrial injury of January 11 2011. Thus far, the applicant has been treated with analgesic medications, and unspecified amounts of aquatic therapy. In an October 23, 2014 progress note, the applicant presented with persistent neck pain, shoulder pain, low back pain, and difficulty initiating sleep. The applicant was placed off of work, on total temporary disability. An MRI of the shoulder dated May 17, 2013 was notable for partial thickness supraspinatus tendon tear, minimal subacromial and subscapularis bursitis, and osteoarthropathy of the acromioclavicular joint. On May 1, 2013, the applicant presented with persistent shoulder pain, low back pain, neck pain, and left upper arm pain. The applicant was described as status post multiple shoulder surgeries in 2012 and 2013. The applicant was asked to obtain physical therapy and repeat MRI imaging of the shoulder. The applicant's gait was not described on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: While the MTUS-adopted ACOEM guidelines do acknowledge that some medium quality evidence supports extracorporeal shockwave therapy for the specific diagnosis of calcifying tendinitis of the shoulder, in this case, there is no radiographic evidence of calcifying tendinitis of the shoulder for which extracorporeal shockwave therapy would be indicated. No compelling rationale for selection of this particular modality was provided. Therefore, the request is not medically necessary.

Aquatic therapy twice a week for four weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable. In this case, however, the bulk of the applicant's symptoms pertain to the neck and shoulders. There is no mention of any issues with gait derangement or lower extremity pain which would prevent, preclude, or reduce participation in land-based therapy or land-based home exercises. Therefore, the request for aquatic therapy is not medically necessary.