

<b>Case Number:</b>	CM14-0016257		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/19/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 34 year-old male with a 10/19/13 date of injury. The patient is a fuel truck driver and injured his mid back while trying to lift the fuel hose that weighs 90-95 lbs. According to the 12/16/13 chiropractic report, the patient presents with 5/10 upper back and left shoulder pain; and 6/10 low back pain. He has been diagnosed with: shoulder sprain r/o internal derangement; lumbar sprain; thoracic sprain; and sleep disturbance. On 1/7/14 UR recommended against shockwave therapy for the left shoulder 1x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SHOCKWAVE THERAPY 1XWK X 3WKS-LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, SHOULDER COMPLAINTS, 555-556

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, shoulder chapter for ESWT: (<http://www.odg-twc.com/odgtwc/shoulder.htm#ProcedureSummary>) Recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of

the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given pr

**Decision rationale:** According to the 12/16/13 chiropractic report, the patient presents with 5/10 upper back and left shoulder pain; and 6/10 low back pain. He has been diagnosed with: shoulder sprain r/o internal derangement; lumbar sprain; thoracic sprain; and sleep disturbance. I have been asked to review for shockwave therapy for the left shoulder 1x3. MTUS/ACOEM guidelines and ODG guidelines state that shockwave therapy is only indicated for calcific tendonitis of the shoulder but not for other shoulder disorders. The patient is not reported to have calcific tendonitis of the shoulder, and there are no imaging studies to verify the diagnosis. The request is not in accordance with MTUS/ACOEM guidelines. Recommendation is to uphold the UR denial.