

Case Number:	CM14-0018746		
Date Assigned:	02/21/2014	Date of Injury:	07/30/2013
Decision Date:	07/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/14/2014

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 39-year-old female who has submitted a claim for left shoulder sprain/strain, myospasms, clinical impingement, tendinosis, and bursitis associated with an industrial injury date of July 30, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of intermittent left shoulder and upper back pain. Physical examination showed tenderness with spasm of the left rhomboid and left upper trapezius muscle, restricted ROM due to pain, and positive Impingement, Apprehension, and Empty Can tests. Treatment to date has included medications, acupuncture, and physical therapy. Utilization review from February 5, 2014 denied the request for extracorporeal shockwave therapy x3 sessions for the left shoulder because the medical records failed to show evidence of subjective, objective, or other findings related to the left shoulder. There was no diagnosis related to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE THERAPY x3 SESSIONS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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 massage, diathermy, cutaneous laser treatment, ultrasound treatment, TENS units, and biofeedback 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 manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In this case, the patient's left shoulder injury is in the chronic phase. In addition, the medical records failed to show subjective and objective findings consistent with left shoulder calcific tendinitis. MRI from December 23, 2013 did not mention any findings consistent with left shoulder calcific tendinitis that would necessitate ESWT. Therefore, the request for extracorporeal shockwave therapy x3 sessions for the left shoulder is not medically necessary.