

Case Number:	CM14-0019052		
Date Assigned:	04/23/2014	Date of Injury:	07/01/2012
Decision Date:	07/03/2014	UR Denial Date:	02/04/2014
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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral wrist and shoulder pain reportedly associated with an industrial injury of July 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; wrist bracing; and work restrictions. In a Utilization Review Report dated February 3, 2014, the claims administrator denied a request for extracorporeal shock wave therapy to the bilateral shoulders while approving a request for electrodiagnostic testing of bilateral upper extremities. Non-MTUS ODG Guidelines were cited in the decision to deny extracorporeal shock wave therapy, it is incidentally noted. A progress note dated February 11, 2014 was notable for comments that the applicant reported persistent bilateral wrist pain. The applicant was given diagnosis of flexor tenosynovitis bilaterally. Work restrictions, wrist brace, and an ergonomic evaluation were endorsed. An earlier note of January 23, 2014 was notable for comments that the applicant had had MRI imaging of the shoulder which was negative for any significant tendinopathy. MRI findings were consistent with mild bursitis and muscle strain about the bilateral shoulders. The applicant was given diagnoses of bilateral wrist tendonitis, bilateral shoulder strain, and cervical spine strain. The applicant was asked to increase her dosage of Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY TO BOTH SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines PHYSICAL MODALITIES.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, some medium quality evidence supports extracorporeal shock wave therapy for the specific diagnosis of calcifying tendonitis of the shoulder. In this case, however, the applicant is described as having nonspecific shoulder pain secondary to bursitis. There is no radiographic evidence of calcifying tendinitis of the shoulder for which extracorporeal shock wave therapy would be indicated. Therefore, the request is not medically necessary.