MAXIMUS Federal Services

Case Number:	CM14-0019537		
Date Assigned:	04/23/2014	Date of Injury:	06/09/2010
Decision Date:	08/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/17/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 records indicate the injured worker is a 61 year old female injured on 6/9/10 due to a box falling on the left shoulder. The injured worker complains of left shoulder pain that has not been relieved by surgery and manipulation under anesthesia on 10/15/2010 or physical therapy sessions ending on March 2011. An MRI of the left shoulder performed 12/09/11 shows tendinosis and partial tearing involving the distal attachments of the supraspinatus and infraspinatus, mild subacromial sub deltoid bursitis, mild degenerative changes, tendinosis of the intra-scapular portion of the biceps tendon, and mild uniform thinning of the benign labrum. The clinical note dated 7/26/13 states the injured worker's pain level was 7/10 on the visual analog scale. Diagnoses include left shoulder bursitis, subacromial impingement, adhesive capsulitis, and symptomatic acromioclavicular joint degenerative joint disease documented on 8/26/13. Five treatments of acupuncture to the left shoulder on 9/18/2013 did not provide relief. The prior UR dated 1/30/14 denied the request for electric shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC SHOCKWAVE THERAPY LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This a 61 year old female claimant with an alleged industrial injured on 6/9/10 when a box fell on the left shoulder. There was arthroscopic surgery on 10/15/2010 and physical therapy ending on March 2011. The claimant had a MRI of the left shoulder on 12/09/11 that revealed tendinosis and partial tear of the distal attachments of the supraspinatus & infraspinatus, mild subacromial sub deltoid bursitis, mild degenerative changes, tendinosis of the intra-scapular portion of the biceps tendon, and mild uniform thinning of the benign labrum. The progress note of 7/26/13 holds the diagnoses as left shoulder bursitis, subacromial impingement, adhesive capsulitis, and symptomatic acromioclavicular joint degenerative joint disease. The Official Disability Guidelines support shockwave therapy only for calcifying tendonitis. It specifically states shockwave therapy is not useful for other shoulder disorders. Therefore electric shockwave therapy left shoulder is not medically necessary.