

Case Number:	CM14-0019639		
Date Assigned:	07/09/2014	Date of Injury:	11/08/2011
Decision Date:	08/21/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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 shoulder pain and adhesive capsulitis associated with an industrial injury of November 8, 2011. Thus far, the applicant has been treated with analgesic medications, earlier rotator cuff repair surgery, transfer of care to and from various providers in various specialties, subsequent diagnosis with adhesive capsulitis, and manipulation under anesthesia surgery. In a progress note dated June 10, 2014, the applicant presented with multifocal neck, shoulder, low back, and mid back pain. Functional capacity testing was sought. The applicant was described as a qualified injured worker and was not described as not working. The applicant's medication list was not attached. The applicant was given a permanent impairment rating. On June 9, 2014, the applicant was given refills of Elavil, ketoprofen, tramadol, and Norco. Operating diagnoses included chronic low back pain and chronic neck pain. In an earlier progress note of April 17, 2014, the applicant again presented with multifocal 6/10 pain, despite ongoing usage of tramadol, Norco, and ketoprofen. The applicant expressed frustration and difficulty over his inability to do housework. Work restrictions were endorsed. The applicant did not appear to be working with said limitations in place. In an applicant questionnaire of May 29, 2014, the applicant acknowledged that he was not working. On January 8, 2014, the applicant was again described as having multifocal low back, neck, and left shoulder issues. The applicant was asked to follow up with a shoulder surgeon for his shoulder complaints. A variety of medications were refilled. The applicant was asked to pursue epidural steroid injection therapy. In a progress note dated December 12, 2013, the attending provider sought authorization for extracorporeal shockwave therapy for chronic myofascial pain syndrome of the shoulder. The applicant was given diagnosis of severe adhesive capsulitis on the shoulder with residual bursitis and impingement syndrome. The attending provider stated that MRI imaging of the left shoulder of November 2012 was

notable for thinning of the biceps tendon with no evidence of a recurrent tear. There was no mention of any calcification evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of Extracorporeal Shockwave Therapy for the left 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 - Shoulder chapter.

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

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, extracorporeal shockwave therapy is recommended by medium quality evidence for the specific diagnosis of calcifying tendinitis of shoulder. In this case, however, there is no radiographic evidence to support the proposition that the applicant in fact carries a diagnosis of calcifying tendinitis of the shoulder. Rather, all the evidence on file points to the applicant's carrying a diagnosis of rotator cuff tear/rotator cuff repair surgery with subsequent development of adhesive capsulitis. Extracorporeal shockwave therapy is not indicated for either of these issues. Therefore, the request is not medically necessary.