

<b>Case Number:</b>	CM14-0121354		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/02/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Family 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 injured worker had a date of injury on 9/2/2012. The diagnosis includes: adhesive capsulitis of the shoulder, and shoulder tendinitis. The patient has had physical therapy, and medications. The Mechanism of injury is not stated in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for extracorporeal shockwave therapy 2 sessions right shoulder (DOS 7/10/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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

**Decision rationale:** According to guidelines, it states that extracorporeal shock wave therapy is recommended for calcific tendinitis of the shoulder and no other shoulder disorders. There is no evidence of benefit for shock wave therapy on adhesive capsulitis of the shoulder. As such the request is considered not medically necessary.