

Case Number:	CM14-0122728		
Date Assigned:	08/08/2014	Date of Injury:	07/19/2010
Decision Date:	10/02/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation 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 is a 50-year-old male who reported an injury on 07/19/2010 due to cumulative trauma. On 06/23/2014, the injured worker had increased wrist symptoms and right shoulder pain. The right wrist active range of motion values were 51 degrees of flexion, 50 degrees of extension, and much of this note is hand written and largely illegible. The diagnoses were right wrist sprain and right forearm strain. Prior therapy included shockwave therapy and medication. The provider recommended ultrasound to the right shoulder and shockwave therapy of the right shoulder. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 214. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Shoulder: Ultrasound, diagnostic

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

Decision rationale: The California MTUS/ACOEM Guidelines state some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. Initial use of the less invasive techniques provide an opportunity for the clinician to monitor progress before referral to a specialist. There is lack of information in the physical exam and a lack of documentation of other treatments the injured worker underwent previously and the measures of progress with the prior treatments. As such, medical necessity has not been established.

Ultrasound of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214, Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS/ACOEM Guidelines state some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. Initial use of the less invasive techniques provide an opportunity for the clinician to monitor progress before referral to a specialist. There is lack of information in the physical exam and a lack of documentation of other treatments the injured worker underwent previously and the measures of progress with the prior treatments. As such, medical necessity has not been established.