

Case Number:	CM14-0125481		
Date Assigned:	08/11/2014	Date of Injury:	03/06/2013
Decision Date:	09/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 66 year old male whose date of injury is 03/06/2013. The injured worker tripped on a box full of paper and fell in the locker room injuring her neck, right shoulder, right hand and lumbar spine. MRI of the right shoulder dated 03/10/14 revealed tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear; mild osteoarthritic changes of the glenohumeral joint as well as arthritic changes of the AC joint; biceps tendon is intact. Handwritten note dated 04/04/14 appears to indicate that the injured worker is status post anterior cervical discectomy and fusion (ACDF) C4-C6 on 11/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Extracorporeal Shock wave Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Based on the clinical information provided, the request for right shoulder extracorporeal shockwave therapy is not recommended as medically necessary. The request is

nonspecific and does not indicate the frequency and duration of requested treatment. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The Official Disability Guidelines note that ESWT is recommended for calcifying tendinitis but not for other shoulder disorders. The submitted records fail to establish the presence of calcifying tendinitis.