

Case Number:	CM14-0128714		
Date Assigned:	08/18/2014	Date of Injury:	03/10/2012
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/13/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old female who reported an injury due to heavy lifting on 03/10/2012. On 06/30/2014, her diagnoses included status post right shoulder surgery with residual pain, right shoulder tendonitis, right shoulder bursitis, and right shoulder AC arthrosis. Her complaints included burning right shoulder pain radiating down to the arms and fingers with muscle spasms rated at 5/10 to 6/10. This injured worker stated that her symptoms persisted, but the medications offered her temporary relief of pain and improved her ability to have restful sleep. It was noted that she was undergoing acupuncture treatments and aquatic pool therapy. A request was made for PRP injections. Her medications included Deprizine, Dicopanol, Fanatrex, Sinoprin, Tabradol, cyclobenzaprine, Ketoprofen cream and Terocin patches, with no dosages noted. There was no rationale included in this injured worker's chart. A Request for Authorization dated 06/30/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT), right shoulder, 1 x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Shoulder Procedure Summary (07/29/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 371 201-205.

Decision rationale: The request for Extracorporeal Shockwave Therapy (ESWT), right shoulder, 1 x 12 is not medically necessary. The California ACOEM Guidelines note that while it appears to be safe, there is disagreement to the efficacy of extracorporeal shockwave therapy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy, but they may be useful in the initial conservative treatment of acute shoulder symptoms. Some medium quality evidence supports manual physical therapy, ultrasound and high energy extracorporeal shockwave therapy for calcifying tendonitis of the shoulder during the initial care phase. This injured worker is 1 year and 9 months post-surgery. This time frame could not be construed as initial care. The need for extracorporeal shockwave therapy was not clearly demonstrated in the submitted documentation. Therefore, this request for Extracorporeal Shockwave Therapy (ESWT), right shoulder, 1 x 12 is not medically necessary.