

<b>Case Number:</b>	CM14-0128867		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	10/28/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

This injured worker's date of injury is 10/28/2012. This patient receives treatment for chronic right shoulder pain with numbness and tingling into the fingers. The original injury was as the result of lifting a client. The patient has been diagnosed with recurrent dislocations of the shoulder, cubital tunnel syndrome of the right wrist and carpal tunnel syndrome of the right wrist. The patient was treated with physical therapy in May 2014. The patient received electrical stimulation treatment, as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIQUIFICATION OF CALCIFIC TENDONIITS, RIGHT SHOULDER X 1: 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 Other Medical Treatment Guideline or Medical Evidence: UpToDate.com: Rotator cuff tendinopathy.

**Decision rationale:** The physician's treatment note dated 07/25/20014 states the patient has right shoulder pain and tingling radiating down the to the fingertips. There is a paucity of information about the physical exam. There is no documentation of any imaging that shows calcific

tendonitis of the shoulder. Based on the documentation, the request for liquification of calcific tendonitis is not medically indicated.