

<b>Case Number:</b>	CM14-0129235		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/01/2014
<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 Medically necessary in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 69 year-old female was reportedly injured on 3/19/2014. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 6/5/14 indicates there are ongoing complaints of left shoulder pain. The physical examination demonstrated a minimum musculoskeletal exam. It states lower extremities or without edema. No recent diagnostic studies are available for review. Previous treatment includes: 12 visits of physical therapy, medications, and conservative treatment. A request was made for six additional physical therapy visits, Extracorporeal Shockwave Therapy, MRI left shoulder and was not medically necessary on 8/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The

claimant has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent 12 sessions of functional restoration therapy and in the absence of clinical documentation to support 6 additional visits, this request is not considered medically necessary.

**Unknown ESWT (Extracorporeal Shock Wave Therapy): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Ankle & Foot (Acute & Chronic) - ESWT (updated 7/29/14).

**Decision rationale:** Official Disability Guidelines states extracorporeal shockwave therapy is first recommended for calcifying tendinitis but not for other shoulder disorders. After review of the medical records provided the injured worker does not have a diagnosis associated with calcific tendinitis. Therefore, this request is deemed not medically necessary.

**1 Single Positional MRI Of The Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder. (Acute and Chronic) MRI. Updated 8/27/2014.

**Decision rationale:** Official Disability Guidelines state MRI of the shoulder is recommended with acute trauma, suspected rotator cuff tear/impingement syndrome, age greater than 40, with normal plain radiographs. Subacute shoulder pain with suspected labral tear or shoulder instability. After reviewing the medical records provided the injured worker does not have any of the following findings, therefore this request is deemed not medically necessary at this time.