

Case Number:	CM14-0139395		
Date Assigned:	09/10/2014	Date of Injury:	06/27/2012
Decision Date:	10/07/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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 & 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 40-year-old male who is status post truck accident involving a roll over on 06/27/12 with lumbar strain. He had a right knee injury on 11/29/13 for which he underwent an arthroscopic partial meniscectomy on 03/28/14. On 05/28/14, he complained of left shoulder pain and left hip pain and continued to have pain, swelling, giving way, locking and catching of the right knee. On 06/20/14, the injured worker complained of intermittent left shoulder pain, low back pain, and left hip pain. On exam, he had moderate tenderness of the subacromial area. Shoulder flexion had tenderness consistent with impingement. He passively forward flexed his arm to 170 degrees. He had weakness to resistance to forward flexion when the arm was held forward flexed at 90 degrees and internally rotated at 90 degrees. He had weakness to resistance to the arm in a dependent position to external rotation. A magnetic resonance imaging scan report on 09/26/13 revealed mild spondylosis at L3-4 and L4-5. Magnetic resonance imaging scan of the cervical spine of 11/21/13 revealed chronic traumatic bursitis; impingement and loss of cervical lordosis. A magnetic resonance imaging scan of the left shoulder done on 11/21/13 revealed mild degenerative disc changes of the glenoid fossa. A magnetic resonance imaging scan of left shoulder done on 05/21/14 revealed anterior acromion downsloping; biceps tendon anchor tear with tendinosis of the horizontal segment; synovial effusion; and subcortical cyst in the posterolateral aspect of the proximal humeral epiphysis. Extracorporeal Shockwave Therapy was done on 10/15/12, but no report is available and there is no mention of previous Extracorporeal Shockwave Therapy procedure benefits or failures. His diagnoses include lumbar strain, chronic low back pain, left hip strain, left shoulder tendinopathy, and chronic neck strain. His current medications are Diclofenac, Voltaren, Prilosec, and Ultram. The request for High/Low Energy Extracorporeal Shockwave Treatment x 4 Visits (4 sessions to hip/4 sessions to shoulder) was denied on 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or Low Energy Extracorporeal Shockwave Treatment x 4 Visits (4 sessions to hip/4sessions to shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29, 235. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Extracorporeal shock wave therapy (ESWT)

Decision rationale: The treatment of the shoulder and hip with Extracorporeal Shockwave Treatment is not recommended by the American College of Occupational and Environmental Medicine or the Official Disability Guidelines unless certain criteria are met with specific diagnoses. The Official Disability Guidelines only recommend the use of Extracorporeal Shockwave Treatment to the shoulder and knee under certain clinical situations directed to the treatment of a calcific tendonitis or a prepatellar bursitis, after trial and failure of at least six months of standard treatment and at least three conservative treatments. In this case, the above criteria are not met and thus the request is considered not medically necessary.