

Case Number:	CM14-0144785		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2012
Decision Date:	11/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, and bilateral shoulder pain reportedly associated with an industrial injury of March 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; reported diagnosis of shoulder impingement syndrome; and extracorporeal shockwave therapy in unspecified amounts. In a utilization review report dated August 18, 2014, the claims administrator retrospectively denied a request for extracorporeal shockwave therapy performed on August 15, 2012. On May 21, 2014, the applicant consulted an orthopedic surgeon for multifocal bilateral shoulder, bilateral hand, and low back pain complaints, exacerbated by lifting and twisting. The applicant had been terminated by his former employer, it was acknowledged. The orthopedic consultant did conduct a comprehensive survey of records and did allude to a procedure note of June 6, 2012, which the applicant apparently received the extracorporeal shockwave therapy for the shoulder on the date in question, June 6, 2012. The applicant had also received extracorporeal shockwave therapy on May 9, 2012. In his review of records, the consultant also noted that the applicant had had left shoulder MRI of April 10, 2012, which was notable for tendinosis of the rotator cuff and moderate impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective ESWT Procedure DOS: 8/15/12: Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 203 does note that medium quality evidence supports high energy extracorporeal shockwave therapy in the treatment of calcifying tendinitis of the shoulder, in this case, however, the applicant did not, in fact, carry a diagnosis of calcifying tendinitis of the shoulder for which ESWT would have been indicated. Rather, it appeared that the applicant's shoulder complaints were a function of rotator cuff tendinosis and/or impingement syndrome, a diagnosis for which ESWT is not specifically endorsed by ACOEM. Therefore, the request was not medically necessary.