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| Case Number: | CM14-0146467 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 02/15/2012 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 09/09/2014 |

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 Practice 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:

47 year old male claimant sustained a work injury on 2/15/12 involving the shoulder. He was diagnosed with bilateral shoulder impingement. A progress note on 6/11/14 indicated the claimant had 6/10 shoulder pain. Exam findings were notable for tenderness to palpation of the right and left shoulders in the acromioclavicular joint as well as the anterior and posterior shoulders bilaterally. He was awaiting shoulder surgery. A progress 1 month later indicated the claimant was receiving acupuncture and continuation of shock wave therapy for the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for bilateral shoulders #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Extracorporeal shock wave therapy (ESWT); Criteria for use

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder pain

Decision rationale: According to the ACOEM and ODG guidelines, shoulder shockwave therapy has come evidence for use in calcified tendonitis. It is not recommended for other

shoulder conditions. At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). In this case, the claimant does not have radiological findings provided that would indicate calcified tendonitis. . In addition, prior treatments documentation was not adequate to support the need for shock wave therapy. The request above is not medically necessary.