

Case Number:	CM14-0156555		
Date Assigned:	09/26/2014	Date of Injury:	02/03/2014
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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 Emergency 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:

Patient with reported date of injury on 2/3/2014. Mechanism of injury is described as a cart rollover with the cart rolling onto R ankle. Patient has a diagnosis of R shoulder impingement syndrome, R shoulder sprain, R shoulder tenosynovitis and rule out internal derangement. Patient is post-operative surgery to R ankle on 2/4/14. Medical reports reviewed. Last report available until 9/2/14. Patient complains of R shoulder pain. Stiff and weak especially with overhead reachin. Pain is 4/10. Objective exam reveals decreased range of motion especially with abduction, tenderness to acromioclavicular joint, anterior shoulder, lateral shoulder, supraspinatus and supraspinatus press test positive. MRI of R shoulder (7/29/14) revealed infraspinatus tendinosis. No medication list was provided for review. Record from 5/14 merely mentions naproxen, Norco, "cream" and omeprazole. Patient has undergone physical therapy with mild improvement. Independent Medical Review is for shock wave therapy to R shoulder x3sessions. Prior UR on 8/25/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock Wave Therapy to the Right Shoulder 3 Sessions: Overturned

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 Official Disability Guidelines (ODG) Shoulder, Extracorporeal Shockwave Therapy(ESWT).

Decision rationale: This topic is not covered in the MTUS Chronic Pain or ACOEM Guidelines. As per Official Disability Guidelines(ODG), Extracorporeal Shockwave Therapy(ESWT) is recommended for calcific tendinosis under certain criteria. Patient has documented infraspinatus tendinosis on MRI. 1) Continued pain for at least 6months despite conservative therapy: Meets criteria.2) At least 3 conservative treatments attempted: Has attempted PT, NSAIDs and rest/ice etc. Meets criteria. 3) Maximum of 3 sessions. Meets criteria. Patient meets criteria for ESWT for calcific tendinosis of the shoulder. ESWT of R shoulder x3sessions is medically necessary.