

Case Number:	CM14-0158833		
Date Assigned:	10/09/2014	Date of Injury:	09/25/2013
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 Texas and Oklahoma. 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 56-year-old male who reported an injury on 09/25/2013 after falling off a ladder 4 feet, fracturing the right wrist. The injured worker complained of right wrist and forearm pain described as pulsating as well as moderate right shoulder pain described as achy. The injured worker had diagnoses of right wrist/forearm fracture with fixation and right shoulder tendinitis/bursitis. The diagnostics included an X-ray of the right wrist dated 03/14/2014 that revealed status post fracture of the right distal radius with fixation. The MRI of the right wrist dated 06/25/2014 status post fracture of the distal radius and the MRI dated 06/27/2014 of the right shoulder revealed a partial tear to the superior portion of the rotator cuff with tendinosis and edema. The prior treatments included an injections for the right shoulder, physical therapy, and medications. The objective findings dated 07/28/2014 to the an MRI of the right wrist dated 06/25/2014 status post fracture of the distal radius right shoulder revealed flexion of 75 degrees and extension of 40 degrees, negative impingement. The examination of the right wrist revealed a flexion of 10 degrees and extension of 15 degrees. The treatment plan included modified work and extracorporeal shockwave therapy. The Request for Authorization dated 10/09/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal Shock Wave Therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder complaints, Extracorporeal shock wave therapy (ESWT)

Decision rationale: The request for extracorporeal shockwave therapy, 6 visits is not medically necessary. The Official Disability Guidelines recommend for calcifying tendinitis but not for other shoulder disorders. The criteria for use of the ESWT are as follows. The injured worker whose pain from calcifying tendinitis of the shoulder has remained despite 6 months of standard treatment. At least 3 conservative treatments have been performed prior to ESWT. These would include rest, ice, nonsteroidal anti-inflammatories, orthotics, physical therapy, and cortisone injection. Contraindicated in pregnant women; patients younger than 18 years of age; patients with blood clotting disease, infection, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupational therapy within the last 4 months; patients who have received a local steroid injection within the last 6 weeks; patients with bilateral pain; and patients who have had previous surgery for the condition. There is a maximum of 3 therapy sessions over 3 weeks. The clinical notes were not evident that the injured worker had taken nonsteroidal anti-inflammatories or any ice treatments. The provider did not document any functional measurements related to pain. The request was not specific of what location the shockwave therapy was needed for. As such, the request is not medically necessary.