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| Case Number: | CM14-0020638 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 02/16/2010 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 52-year-old female presenting with chronic pain following a work-related injury on February 16, 2010. On January 21, 2014 the claimant complains of right shoulder pain. The pain was described as dull and achy. The physical exam showed tenderness and spasms of the right upper trapezius. EMG (Electromyography) nerve conduction study of the right upper extremity on July 25, 2013 was negative. Diagnostic ultrasound on December 30, 2013 showed a suggestion of calcifying tendinitis of the supraspinatus. The claimant was treated with physical therapy, medication and acupuncture. The claimant was diagnosed with right shoulder pericapsulitis, status post right carpal tunnel release, status post right cubital tunnel release, degenerative disc disease of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 HIGH/LOW EXTRACORPOREAL SHOCKWAVE THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: 5 High/low extracorporeal shockwave therapy sessions is not medically necessary. The American college of occupational and environmental medicine (ACOEM) states that high/low extracorporeal shockwave therapy is recommended for the elbow and ankle. Additionally, there is some medium quality evidence supporting high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. The official disability guidelines recommend no more than 3 sessions total over 3 weeks of high/low extracorporeal shock therapy sessions. Given that the request was made for 5 therapy sessions instead of 3, the request for 5 High/Low Extracorporeal Shockwave Therapy sessions is not medically necessary and appropriate.