

Case Number:	CM14-0023966		
Date Assigned:	06/11/2014	Date of Injury:	02/15/2013
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/25/2014

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 New York, North Carolina. 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:

THIS PATIENT, A 44 YEAR OLD WOMAN WITH A 2/15/13 DATE OF INJURY, CLAIMS UPPER BACK/SHOULDER DISCOMFORT IN THE TRAPEZIUS AND SUBSCAPULAR REGION. SHE WAS WORKING AS A SORTER AND CLAIMS INJURY DUE TO REPETITIVE ACTIVITY. SHE HAS DISCOMFORT RADIATING DOWN THE UPPER EXTREMITIES BUT FOUND TO HAVE NORMAL NCS AND EMG BILATERALLY. SHE HAS BEEN DIAGNOSED WITH ROTATOR CUFF TENDONITIS (SUPRASPINATUS AND INFRASPINATUS), IN ADDITION TO SUBACROMIAL BURSITIS, AC ARTHRITIS, SUBCHONDRAL CYST OF THE HUMERAL HEAD, AND EXTRACORPOREAL SHOCKWAVE THERAPY TO THE LEFT SCAPULA HAS BEEN RECOMMENDED.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY 3 TREATMENTS LEFT SCAPULA:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, extracorporeal shockwave therapy.

Decision rationale: IN REVIEWING THE RECORDS FROM THE PRIMARY TREATING PHYSICIAN IN JANUARY 2014, WHEN THE REQUEST WAS MADE FOR ESWT, THERE IS NO RATIONALE FOR ORDERING THE TREATMENT. ACOEM MENTIONS THE USE OF HIGH-ENERGY EXTRACORPOREAL SHOCKWAVE THERAPY FOR TREATMENT OF CALCIFIC TENDONITIS, HOWEVER, SHE HAS NOT BEEN DIAGNOSED WITH CALCIFIC TENDONITIS, BUT TENDONITIS ONLY. ODG GUIDELINES SPECIFICALLY STATE THAT THE ESWT IS FOR CALCIFYING TENDONITIS OF THE SHOULDER BUT NOT OTHER SHOULDER DISORDERS. THE ESWT HAS NOT BEEN FOUND TO BE MEDICALLY NECESSARY AND IS DENIED.